Council of Governors

Cambridge University Hospitals NHS Foundation Trust

Together
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There will be a meeting of the Council of Governors on Thursday, 25 September 2025 at 17.00 in the Committee Room, School of Clinical Medicine, Addenbrooke's Hospital, Cambridge CB2 0QQ (and via videoconference)

(*) = paper enclosed
(+) = to follow

AGENDA

General Business			Purpose
17.00	**1.**	**Welcome and apologies for absence**	For note
	2.	**Declarations of interest** Copies of the Register of Governors' interests are available from the Trust Secretariat	For note
17.05	**3.***	**Minutes of the previous meeting** To approve the minutes of the meeting held on 25 June 2025	For approval
	4.*	**Council of Governors action tracker and matters arising not covered by other items on the agenda**	For review
17.10	**5.***	**External Auditor's report** To receive the report of the Trust's External Auditor	For receipt
17.25	**6.***	**Composition of the Council of Governors** To receive the report of the Interim Chief Governance and Performance Officer	For receipt
17.30	**7.***	**Amendments to the Trust Constitution**	For receipt

		To receive the report of the Interim Chief Governance and Performance Officer	
17:35	**8.**	**Chair's Report** To receive the verbal update of the Trust Chair	For receipt
17:40	**9.***	**Chief Executive's Report (including Integrated Performance Report)** To receive the report of the Chief Executive	For receipt
18.15	**10.***	**Governors' Reports** To receive the report of the Lead Governor	For receipt
	11.	**Any other business** Items of any other business to be identified to the Trust Secretary in advance of the meeting	For note
	12.	**Date of the next meeting** The next meeting of the Council of Governors will be on Wednesday 17 December 2025 at 17.00.	
18.30	**13.**	**Close of meeting**	

Cambridge University Hospitals NHS Foundation Trust

Minutes of the meeting of the Council of Governors held on Wednesday, 25 June 2025 at 17.30 in the Committee Room, Clinical School of Medicine, Addenbrooke's Hospital, Cambridge, CB2 0QQ (and via videoconference)

Member	Position	Present	Apologies
Baroness S Morgan	Trust Chair	X	
Mr F Allan	Staff Governor	X	
Dr J Allen	Public Governor	X	
Dr J Biddle	Public Governor	X	
Prof J Clarkson	Partnership Governor (University of Cambridge)	X	
Dr R Cubberley	Partnership Governor (Anglia Ruskin University)		X
Mr C Cumberland	Public Governor	X	
Ms S Dixon	Patient Governor	X	
Miss R Greene	Patient Governor	X	
Ms M Haldane	Patient Governor	X	
Ms E Howe	Patient Governor	X	
Mr V Johnson	Staff Governor		X
Ms M Lee	Public Governor	X	
Mr S Legood	Partnership Governor (Cambridgeshire and Peterborough NHS Foundation Trust)		X
Mr M Nur	Staff Governor	X	
Dr H Rubinstein	Public Governor	X	
Dr H Sherriff	Patient Governor	X	
Mr R Stevens	Patient Governor	X	
Prof P St George Hyslop	Partnership Governor (University of Cambridge)		X
Dr N Stutchbury	Patient Governor and Lead Governor	X	
Mr D Trajkovski	Patient Governor	X	
Cllr M Todd-Jones	Partnership Governor (Cambridgeshire County Council)		X
Dr C Tyrrell	Public Governor	X	
Dr S Webb	Partnership Governor (Royal Papworth Hospital NHS Foundation Trust)		X
Mr W Watson	Public Governor	X	
Mr C White	Staff Governor	X	
Ms K Woodey	Partnership Governor (Campus Research and Funding Organisations)		X

In attendance	
Mr D Abrams	Non-Executive Director
Dr S Broster	Chief Medical Officer
Ms C Dear	Patient Governor (Observer)
Mr J Clarke	Trust Secretary (Minutes)
Dr A Doherty	Non-Executive Director
Mr M Keech	Chief Finance Officer
Dr R Hodder	Patient Governor (Observer)
Mr R Sinker	Chief Executive Officer
Mr R Sivanandan	Non-Executive Director
Dr K Rush	Public Governor (Observer)
Mr I Walker	Director of Corporate Affairs
Mr D Wherrett	Director of Workforce

11/25 Apologies for absence

Apologies for absence received from governors are recorded in the above table.

12/25 Declarations of Interest

No additional interests or changes to previously declared interests were reported.

13/25 Minutes of the previous meeting

The minutes of the previous meeting held on 25 March 2025 were approved as a true and accurate record of the meeting.

14/25 Council of Governors action tracker and matters arising not covered by other items on the agenda

Received and noted: The action tracker.

15/25 Composition of the Council of Governors

Ian Walker, Director of Corporate Affairs, presented the report.

Noted:

1. The Council of Governors were informed that since the previous meeting on 26 March 2025 the Trust had conclude its election process, resulting in a change to the composition of the Council of Governors.

2. Charlotte Dear and Richard Hodder were elected as Patient Governors in the 2025 elections. Each will start their three-year terms of office on 1 July 2025.
3. Kevin Rush was elected as a Public Governor in the 2025 elections. He will start his three-year term of office on 1 July 2025.
4. Eunice Morada was elected as a Staff Governor in the 2025 elections. She will start her three-year term of office on 1 July 2025.
5. Ruth Greene comes to the end of her final term of office on 30 June 2025, having served for nine years on the Council of Governors.
6. Melissa Lee was not re-elected as a Public Governor and Mahad Nur was not re-elected as a Staff Governor in the 2025 elections. Howard Sheriff did not stand for re-election. They will therefore leave the Council of Governors on 30 June 2025.
7. Cambridge City Council confirmed on 18 June 2025 the appointment of Cllr Mike Todd-Jones as its Partnership Governor nominee for a period of 12 months. Cllr Todd-Jones succeeds Cllr Cameron Holloway in this role.
8. Cambridgeshire County Council has not yet confirmed its Partnership Governor in succession to Cllr Susan van de Venn.

Agreed:

1. To note the outcome of the 2025 election to the Council of Governors and changes to the composition of the Council.

16/25 Chair's report

Sally Morgan, Trust Chair, presented the verbal update.

Noted:

1. Nationally, the NHS continues to experience significant challenges operationally and financially. There remains optimism that the 10-year plan will set out a clear view from the government regarding direction of travel to build a health service that is fit for the future.

Agreed:

1. To note the verbal update of the Chair.

17/25 Chief Executive's Report (including Integrated Performance Report)

Roland Sinker, Chief Executive, presented the report.

Noted:

1. The Council of Governors were given an overview of the five areas of operational performance.
2. It was noted that the NHS and wider care system continues to face significant challenges.
3. An update was provided regarding the ongoing incident in paediatric orthopaedic surgery. The Council were informed that the Trust remains committed to a completely transparent approach and continues to engage with the those affected and their families. The response from the Trust will also focus on undertaking a robust review of our internal quality governance arrangements.
4. The Trust has begun the process of a reduction in staff numbers in line with the financial plan and the direction of travel nationally. This builds on the Mutually Agreed Resignation Scheme which the Trust concluded in May 2025.
5. There remains a strong focus on improving waiting times for emergency care, with strong performance against ambulance handovers and sustained improvements in recent months against the four-hour standard.
6. The Council were given an update on the progress to improve the position against RTT targets. It is recognised that with the continued improvements across cancer targets, and urgency and emergency care, the Trust has seen a decline in performance against longer waits. The Trust believes that the position is recoverable over the next 3-6 months, noting that the decline in performance should have been identified earlier.

The following points were made in discussion:

1. The Trust has seen sustained performance against a number of performance targets, and in turn there has been a decrease in performance against 52 week waits. In particular the Trust has been able to identify 8 specialities where the position in relation to longer waits has increased, totally around 1600 patients.
2. As part of the strategy refresh the remains a focus on improving the core of the organisation, strong financial performance and reducing waiting times for those in need of care.
3. Work remains ongoing to develop the Cambridge Children's Hospital and Cambridge Cancer Research Hospital. The Council were given an update on a number of key challenges arising as a result of the implementation of the Building Safety Act, and the impact that is having on the construction plans for the Cambridge Cancer Hospital.
4. There remains a focus on developing the biomedical campus, with the Cambridge South train station due to open next year.

The Chair invited the Lead Governor to introduce questions from Governors.

Questions:

1. *Please would the CEO/Deputy CEO include in their presentation an update on the steps the hospital is taking to investigate the outcomes to patients under the care of the paediatric orthopaedic consultant, Ms Kuldeep Stohr, who was suspended following an initial external review. Are there any actionable findings to date? What is the Trust doing to understand what actions were taken when questions were raised about Ms Stohr's work back in 2016? Please would NEDs overseeing this case explain how they have assured themselves that CUH is conducting the review as openly and independently as possible and that when the external review is complete, that the board will implement the recommendations at the earliest opportunity. How will the board assure patients, especially parents of paediatric patients, that they will not be harmed in the future.*

   The following response was provided:

   The Trust has commissioned two independent external reviews:

   A retrospective review of just over 800 patient notes to identify instances of harm and assess the standard of care the Trust provided to patients treated surgically by Ms Stohr. This is being conducted by an independent team of clinicians who are experts in orthopaedic surgery, which is led by Andrew Kennedy KC. To date this team has performed an initial review of 174 patients in scope and has found 44 instances (25%) where patients received some level of harm and/or their care did not meet the expected standard. Findings are being shared directly with affected patients and their families by a dedicated Patient and Family Liaison team and overall results are being monitored on a fortnightly basis by the Oversight Board, chaired by the Deputy CEO.

   An independent investigation into the actions the Trust took in 2016 in response to the report into 11 of Ms Stohr's surgical concerns since. This is being conducted by Verita and is due to report later this year. Interim findings have not been shared to date, but we have asked Verita to provide us with any immediate concerns should they find any.

   Are there any actionable findings to date?

On the basis of the initial report by Mr James Hunter the Trust began is reviewing existing clinical governance processes, including:

- Taking stock of any known issues and ensuring actions have been taken to address concerns raised

- Undertaking a review across all clinical specialities looking at the existing governance structures and identifying any gaps, and where these are identified an improvement road map agreed.

- A review of the wider clinical governance infrastructure within the hospital and a clear articulation of "what good looks like".

What is the Trust doing to understand what actions were taken when questions were raised about Ms Stohr's work back in 2016?

As noted above, the Trust has commissioned Verita to undertake an independent investigation into the actions taken in 2016 in response to an external investigation by Mr Robert Hill, as well as any opportunities to address issues since that time. A report will be provided by Verita later this year and its findings will be fully and transparently acted upon. In anticipation of the findings of this report, the Trust is acting now to strengthen clinical governance as noted above, and progress with this work will be shared with the Board.

Please would NEDs overseeing this case explain how they have assured themselves that CUH is conducting the review as openly and independently as possible and that when the external review is complete, that the board will implement the recommendations at the earliest opportunity. How will the board assure patients, especially parents of paediatric patients, that they will not be harmed in the future.

In part this is answered by our response above and in addition:

- This incident is currently a standing item for board discussion at private board

- All reports have been shared with the Quality Committee setting out progress to date and the governance arrangements in place to ensure that upwards reporting from the Orthopaedic Incident Oversight Board

- The chair of the Quality Committee (a NED) is a member of the Oversight Board.

- The development of an engagement strategy and the commissioning of external agencies to support our existing Comms team to effectively engage with patients

- Involvement of patient representatives across the key meetings including Oversight Board and the Supporting Patients and Families Taskforce.

2. *David Wherrett gave governors a brief overview of the mutually agreed resignation scheme (MARS) and the subsequent compulsory redundancy scheme at our seminar last week. Please could NEDs explain how they have assured themselves that CUH will achieve its savings target (15% reduction in non-medical support staff), while meeting productivity targets (eg elective and A&E waiting times). What steps have been taken to minimise any negative impact on patient experience, for example, delays in appointment admin, complaints procedures, quality of catering etc?*

   Cambridge University Hospitals uses a Quality Impact Assessment (QIA) process to carefully evaluate any proposed changes to how care is delivered. This ensures that patient safety, experience, and the overall quality of care are not compromised.

   Divisional and Corporate Teams carry out QIA's to assess the potential impact of service redesigns or cost-saving initiatives. This helps ensure a consistent and thorough approach to identifying and managing risks.

   When a proposal is considered higher risk, it is reviewed by a panel of executive leaders. The panel reviews each proposal to:

   - Understand the potential impact of the change

   - Confirm that risks are clearly identified and appropriately managed

   - Decide whether to approve the proposal, request further information, agree not to proceed.

   - This process ensures that safe patient care remains the priority, even during times of change or improvement.

3. *To what extent does CUH cater for patients wishing to pay privately for their care and what has been the total income from private patients in FY 24/25? Governors are wondering, given the demographics of Cambridge, whether CUH can gain more from private patients to assist with its financial targets, without of course disadvantaging NHS patients and contravening DHSC guidance on treating private patients. Do NEDs monitor income from private patients and assure themselves that CUH is benefiting appropriately, without compromising the rights of NHS patients?*

   The following response was provided:

   CUH currently generates circa £9m from private patient income. This includes circa £2.5m relating to IVF services.
   Whilst the evidence suggests that there is an active market locally for privately funded healthcare (either directly or under healthcare insurance), the opportunity for CUH is more limited due to capacity constraints and large NHS waiting lists.

   The Trust has previously explored options to create additional private patient capacity. Whilst these were not successful, options continue to be explored: for example, private patient income forms part of the business case underpinning the Cambridge Cancer Research Hospital business case.

4. *Artificial Intelligence (AI) clearly offers significant benefits to healthcare as well as risks. Has the board developed a strategy for AI and if so, where does it believe the benefits and risks lie? One of the risks that governors are concerned about is that, while AI can empower people who know how to exploit it for their own benefit, older patients or those with, for example, learning or physical difficulties may be excluded. This will inevitably increase inequalities in accessing healthcare. How will NEDs assure themselves that AI is rolled out to benefit all and not just those who are a whizz on their phones?*

   The following response was provided:

   The Trust has established an AI Steering Group, which formally reports into the Digital Board.

   An AI Use Guidelines and an AI Policy Document is being developed to set out the guiding principles by which the Trust will seek to engage with AI.

We are focussed on digital inclusion and will continue to offer engagement through multiple channels, ensuring that people who are not able to engage digitally can still access our services.

Agreed:
1. To note the report of the Chief Executive.

18/25 Governors' Reports

Lead Governor

Neil Stutchbury, Lead Governor, presented the report.

Agreed:
1. To note the report of the Lead Governor.

19/25 Any other business

None raised.

20/25 Date of next meeting

The next meeting of the Council of Governors in public would be held on Thursday 25 September 2025 at 17.00pm

NHS
Cambridge University Hospitals
NHS Foundation Trust

Council of Governors: Action Tracker

Minute	Action	Lead	Target date	Status	RAG rating
There are no outstanding actions					

NHS
Cambridge University Hospitals
NHS Foundation Trust

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Report to the Council of Governors: 25 September 2025

Agenda item	5
Title	External Auditor's Annual Report
Sponsoring director	Mike Keech, Chief Finance Officer
Author(s)	As above
Purpose	To receive the annual report of the Trust's External Auditors.
Previously considered by	n/a

Executive Summary

The appointment and re-appointment of the External Auditor is a matter reserved to the Council of Governors. The current external audit provider (Mazars) will attend the meeting on 25 September 2025 to present the Auditor's Annual Report which summarises the work they have undertaken and their findings as the External Auditor for the Trust for the year ended 31 March 2025.

The final Annual Report and Accounts for 2024/25 are available on the Trust website and were formally presented at the Annual Public Meeting on 17 September 2025.

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Council of Governors

The Council is asked to receive the report.



Auditor's Annual Report

Cambridge University Hospitals NHS Foundation Trust – year ended 31 March 2025

June 2025

forvis mazars

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02 Audit of the financial statements
03 Commentary on VFM arrangements
04 Other reporting responsibilities

A Appendix A - Further information on our audit of the financial statements

This document is to be regarded as confidential to Cambridge University Hospitals NHS Foundation Trust. It has been prepared for the sole use of the Audit Committee as the appropriate sub-committee charged with governance by the Board of Directors. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

forvis mazars

01

Introduction

Introduction

Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for Cambridge University Hospitals NHS Foundation Trust ('the Trust') for the year ended 31 March 2025. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO'). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.



Opinion on the financial statements
We issued our audit report on 30 June 2025. Our opinion on the financial statements was unqualified.



Value for Money arrangements
In our audit report we reported that we were satisfied arrangements were in place for the Trust to secure economy, efficiency and effectiveness in its use of resources. Section 3 provides our commentary on the Trust's arrangements.



Reporting to the group auditor
In line with group audit instructions issued by the NAO, on 30 June 2025 we reported that the Trust's consolidation schedules were consistent with the audited financial statements. As part of the NAO's group approach, the Trust was a sampled component meaning additional audit procedures were required to discharge all group reporting requirements. We have completed our work with respect to these group audit requirements.



Wider reporting responsibilities
Auditors of an NHS body have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be referred to the Secretary of State, and/or relevant NHS regulatory body as appropriate. We have not exercised any of our other additional powers and duties.

02

Audit of the financial statements

Audit of the financial statements

Our audit of the financial statements

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs). The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust's financial position as at 31 March 2025 and of its financial performance for the year then ended. Our audit report, issued on 30 June 2025 gave an unqualified opinion on the financial statements for the year ended 31 March 2025.

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined in Appendix A. In this appendix we also outline the uncorrected misstatements we identified and any internal control recommendations we made.

Qualitative aspects of the Trust's accounting practices

We have reviewed the Trust's accounting policies and disclosures and concluded they comply with Department of Health and Social Care Group Accounting Manual 2024/25, appropriately tailored to the Trust's circumstances.

With respect to the audit of the 2024/25 financial statements, we noted:

- draft accounts were received from the Trust on 25th April 2025 and were of a good quality;
- a draft of the Remuneration Report was received on 25th April 2025 and was of a good quality; and
- a substantially complete version of the Annual Report, including the Accountability Report sections which are covered by our auditor report, on 1st May 2025 and was of a good quality.

The Trust experienced delays in providing some of the working papers in support of the accounts, but they were of a good quality. The finance team have been responsive to dealing with our audit queries and throughout we have both maintained a collaborative approach to the audit.

Other reporting responsibilities

Reporting responsibility	Outcome
Annual Report	We did not identify any material misstatements or significant inconsistencies between the content of the annual report, the financial statements and our knowledge of the Trust.
Annual Governance Statement	We did not identify any matters where, in our opinion, the Governance Statement did not comply with the guidance issued by NHS England. We also did not identify any matters where, in our opinion, the Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.
Remuneration and Staff Report	We report that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.

forvis mazars

03

Our work on Value for Money arrangements

VFM arrangements

Overall Summary



VFM arrangements – Overall summary

Approach to Value for Money arrangements work

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:



Financial sustainability - How the Trust plans and manages its resources to ensure it can continue to deliver its services.



Governance - How the Trust ensures that it makes informed decisions and properly manages its risks.



Improving economy, efficiency and effectiveness - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work, we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding or arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information
- Information from internal and external sources including regulators
- Knowledge from previous audits and other audit work undertaken in the year
- Interviews and discussions with staff and directors

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

We outline the risks that we have identified and the work we have done to address those risks later in this report.

Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements -** We make these recommendations for improvement where we have identified a significant weakness in the Trust arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the audit.
- **Other recommendations -** We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant, but which still require action to be taken.

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

VFM arrangements – Overall summary

Overall summary by reporting criteria

Reporting criteria	Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Further comments
Financial sustainability	11	Yes – see risk on page 12	No	N/A
Governance	15	Yes – see risk on page 16	No	N/A
Improving economy, efficiency and effectiveness	19	Yes – see risk on page 20	No	N/A

Foreword

Cambridge University Hospitals NHS Foundation Trust (the Trust) is a leading UK healthcare provider, recognized for its expert care, pioneering research, and transformative teaching. It comprises Addenbrooke's Hospital and The Rosie Hospital, serving patients at local, regional, and national levels.

Addenbrooke's Hospital offers emergency, surgical, and medical care, alongside specialist services such as transplantation, cancer treatment, neurosciences, paediatrics, and genetics. The Rosie Hospital, located on the same site, is a leading centre for maternity care, featuring operating theatres, a baby assessment unit, an ultrasound department, and an intensive care unit for newborns.

The Trust attained NHS Foundation Trust status in July 2004, and has a Council of Governors with a membership of approximately 20,000. As a centre of excellence and innovation, many of its specialists are leaders in their fields. The Trust also extends satellite and outreach services to other hospitals, GP practices, and patients' homes.

During the COVID-19 pandemic and recovery phases, the Trust continuously refined its care models. Moving forward, virtual wards will play a pivotal role in its strategy, enhancing opportunities to monitor and treat patients remotely—for instance, through a home telemetry service.

The Trust has consistently been at the forefront of groundbreaking healthcare research, contributing to major medical advancements. Its robust teaching framework nurtures healthcare professionals for the future, making it a top UK centre for specialised care in fields such as organ transplants, cancer treatment, brain and nerve health, paediatrics, and genetics.

The East of England remains the only region without a specialist children's hospital, and is among the few lacking a dedicated cancer hospital. To address these gaps, the Trust is collaborating with NHS, academic, and industry partners on a next-generation hospital—Addenbrooke's 3. This initiative emphasizes innovation and collaboration, beginning with the Cambridge Children's Hospital (CCH) and Cambridge Cancer Research Hospital (CCRH) projects.

VFM arrangements

Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services



VFM arrangements – Financial Sustainability

Risks of significant weaknesses in arrangements in relation to Financial Sustainability

Risk of significant weakness in arrangements	Work undertaken and the results of our work
Financial sustainability - how the Trust plans to bridge its funding gaps and identifies achievable savings For 2024/25, the Trust's efficiency plan included a target of £53m, with an additional stretch target of £25m agreed with the ICS later in the year. Achieving this additional target was deemed essential to maintain a balanced financial run-rate at the year-end. The Trust delivered a small surplus for the year and delivered £66m of savings, above the original target but below the stretch target. For 2025/26, the Trust has a plan to break-even that includes a Productivity and Efficiency Programme (PEP) target of £93m. This is significantly higher than the original and updated target for 2024/25. Of the £93m, at the date the plan was submitted the Trust had fully developed plans for £27.8m, while plans for £12.7m were still in progress. In addition, the Trust had identified £31.2m in cost-reduction opportunities, with £20m of PEP savings remaining unidentified, i.e. £51m were unidentified. The Trust had also assessed 61% of the PEP target as high risk, compared to 32% in 2024/25. £71.2m of the £92m PEP target is tied to recurrent and non-recurrent pay-related savings. There is a risk that there are significant weaknesses in the Trust's arrangements to ensure its financial sustainability given how challenging these targets are, the potential for the targets to be unachievable and the current level of unidentified savings.	**Work undertaken** To determine if there is an actual weakness in the Trust's arrangements because of the identified risk, we have performed the following procedures: • We reviewed the 2025/26 financial plan to understand the Trust's arrangements for ensuring that the proposed break-even position is realistic • Reviewed the Trust's savings commitments within its final 25/26 plan to identify the level of unidentified and high-risk savings • Determined if savings committed to are supported by appropriate plans • Considered the level of savings committed to against those previously achieved **Results of our work** As part of achieving a breakeven budget for 2025/26, the Trust has committed to total planned efficiencies of £92m for 2025/26 (6% of 2024/25 expenditure). This represents a £26m increase on the level of efficiencies delivered during 2023/24. Of the planned £93m efficiencies, £56.6m (61%) were marked as high risk and £20m as unidentified. The Trust has a strong track record of delivering savings and whilst the risk profile of those for 2025/26 is higher than identified in previous years, by the date of this report, the Trust has identified plans for almost all the targeted savings. Based on the work we have completed, we have concluded that there is not a weakness in arrangements in relation to financial sustainability.

VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

Background to the NHS finance regime

In 2020/21, NHSE established Integrated Care Systems (ICS) as the key unit for financial allocations. Moving into 2024/25, ICSs continued to be the key unit for financial planning purposes, with the aim of encouraging greater collaboration and collective responsibility for financial performance.

The Trust is a member of the Cambridgeshire & Peterborough Integrated Care System (C&P ICS). Since 2019/20, the C&P ICS has a good track record on its financial performance, but in line with the wider NHS position, the system has faced increasing financial challenges requiring the delivery of higher levels of savings and efficiencies to achieve financial sustainability.

The Trust is the largest provider of acute services within the C&P ICS. Most of the Trust's income is commissioned by the Integrated Care Boards (ICBs) (£965 million during 2024/25), of which C&P ICB is the largest commissioner of services from the Trust. In addition, NHSE commissions certain specialised services directly from the Trust (£403 million during 2024/25). The main mechanism for commissioning is using Aligned Payment and Incentive contracts. These contracts contain:

- A fixed element: funding that is based on an agreed level of activity based on expected demand on services; and
- A variable element: funding that can increase or reduce payments based on elective activity levels and performance against quality measures.

These contracts have been implemented to support the delivery of system plans and encourage collaboration to agree the best way to use the resources available to systems.

The Trust's financial monitoring and planning arrangements

Throughout the financial year, the Trust has monitored its progress against the 2024/25 plan. Reports, detailing planned performance and actual outturn were issued to the Trust Board and the Performance Committee (PC) periodically throughout the year via the Trust's integrated reporting process. The Board, PC and Hospitals make use of these monthly reporting packs to monitor financial performance and identify any areas of potential overspend or general poor practice. Appropriate action is then taken to address areas of slippage to ensure delivery against budget.

We reviewed reports that had been presented for 2024/25, noting these contained a clear summary of the Trust's performance, together with detailed variance analysis and supporting details in respect of the Trust's key finance metrics. The reports also included updated forecasts to the end of the financial year.

As a result of the planning and financial monitoring process, the Trust has met its financial target of break even for 2024-25 and delivered a surplus of £0.1million before a technical accounting adjustment that led to a reporting financial outturn of a deficit of £8 million, adjusted to £14.5 million following the audit.

The budgeting process ensured the Trust's planned performance for 2024/25 was in line with short-term and medium-term operational plans. As part of its preparation of financial plans, the senior finance team reviewed national financial guidance. They ensured the implications of changes to this guidance, and the knock-on impact this may have on the Trust, were fully captured in the budgeting process.

The Trust's arrangements for the identifying, managing and monitoring funding gaps and risks to financial resilience

The Trust's annual savings targets are developed based on the national efficiency requirement and other funding gaps as part of the system planning process. The development of savings plans to achieve these targets is supported through Management Executive meetings and monitored monthly and reported to PC. To support the savings process:

- A central Improvement & Transformation team and project management support is established.
- Trust-wide savings programmes workstreams are established with divisional leads.

The Trust 2024-25 efficiency plan included a 'minimum' target of £53 million in year delivery and a 'stretch' target of an additional £25 million. The Trust targeted a combined recurrent value of £78 million (full year effect) savings by the year-end. The additional target was required to ensure that the financial run-rate at the yearend was in balance. Against the £78 million recurrent target the Trust identified £76.4 million of schemes and these were expected to deliver £66.1 million of recurrent savings.

VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability - continued

From January to April 2025, the Trust prepared forecasts for the 2025/26 financial year as part of the planning process. For 2025-26, the Trust submitted its final plan to deliver a break-even position. To achieve a breakeven budget for 2025/26, the Trust committed to a plan of £92 million in efficiency savings.

Of the £92m, at the date the plan was submitted the Trust had fully developed plans for £27.8 million, while plans for £12.7 million were still in progress. In addition, the Trust had identified £31.2 million in cost-reduction opportunities, with £20 million of Productivity and Efficiency (PEP) savings remaining unidentified. The Trust had also assessed 61% of the PEP target as high risk, compared to 32% in 2024/25.

£71.2m of the £92m PEP target is tied to recurrent and non-recurrent pay-related savings which is primarily dependent upon the cost reductions and workforce adjustments as a result of the "Mutually Agreed Resignation Scheme" (MARS) scheme announced by the Trust on 31 March 2025.

We have performed the review of a samples of the efficiency plans and concluded that they are clear, comprehensive and clearly outline planned actions to achieve the desired efficiency. By the date of this report, the Trust had plans either being delivered or in place for almost £90 million of the £92 million target.

The Trust's arrangements to ensure financial plans support sustainable delivery and wider planning

The National Health Service Act 2006 provides that each NHS Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. This duty is known as the 'breakeven duty'. The Trust achieved its target of a break-even position for 2024/25 and for 2025/26, submitted its final plan to deliver a break-even position.

The Trust plans its finances to ensure they support the required level of operational delivery. The operational plan for 2024/25 incorporated the requirement to work to a balanced financial budget, building in specific funding requirements as per NHS revenue financing and contracting guidance. In forming this plan, the Trust ensured inflation was considered as a risk to planned delivery. By having a cohesive financial and operational planning process, the Trust was able to identify funding opportunities that could be unlocked through increased and re-allocated activity planning via elective recovery.

Capital financing plans have also been developed to support the Trust's operational delivery aspirations. The Trust has achieved its capital development expenditure limit (CDEL) target for the year 2024-25 with spend of £91.85 million against a funding envelope of £91.93 million (including IFRS 16 lease funding). The larger areas of spend were Replacement & Installation of Medical Equipment (£13.5 million), Cambridge Cancer Research Hospital (£10.9 million), Cambridge Children's Hospital (£9.5 million), and eHospital / EPIC / Digital Innovation (£9.2 million.

Overall view on arrangements in relation to financial sustainability

We are satisfied that the Trust has the expected arrangements in place in relation to financial sustainability.

VFM arrangements

Governance

How the body ensures that it makes informed decisions and properly manages its risks



VFM arrangements – Governance

Risks of significant weaknesses in arrangements in relation to Governance

Risk of significant weakness	Work undertaken and the results of our work
Governance – failure to implement recommendations raised as a result of previous reports. **Improving the 3 Es – failure to take appropriate action in areas where the Trust has identified weaknesses in service performance.** **Historical issues with an orthopaedic paediatric surgeon** In October 2024 clinicians raised concerns over the practice of a surgeon specialising in paediatric orthopaedic surgery. An initial external review conducted in January 2025 identified shortcomings in the care provided to nine children. A review was carried out on the practices of the same surgeon in 2015 with a report issued to the Trust in 2016. On 14 February 2025, the Trust published a statement on its website saying it had commissioned an external review into the matter. The review would be led by an independent expert and consider around 700 historical cases. In addition, the Trust announced that it was commissioning a separate review by a specialist investigations company into whether there were opportunities to have identified issues sooner as it transpired that concerns were raised as early as 2015 and were subject to an external clinical review in 2016. The issue indicates a risk in the Trust's approach to implementing previously reported recommendations and for taking appropriate action in areas where the Trust has identified weaknesses in service performance.	**Work undertaken** To determine if there is an actual weakness in the Trust's arrangements, we have performed the following procedures: • Discussed this issue with the Trust; • Reviewed the 2016 report; • Considered the Trust's response to the incident. • Discussed and sought to understand the systems and arrangements that the Trust has in place to monitor the quality and performance across the Trust's clinical services. **Results of our work** Following the outcome of the review conducted in January 2025 which identified shortcomings in the care provided to nine children, the Trust has issued public statements which set out how it is responding to the concerns identified. This includes the appointment of Andrew Kennedy KC to chair a panel of expert clinicians to undertake an external clinical review, and the commissioning of Verita to investigate whether the Trust acted upon the 2016 clinical review appropriately and, if not, why. In line with our expectations, the Trust has also informed the General Medical Council, NHS England and the Care Quality Commission. We understand that the Trust is keeping these regulatory bodies regularly updated. The Trust has highlighted that it would not be appropriate to provide its own assessment of the response to the 2016 report, as this is the subject of the independent external review currently being undertaken by Verita. We have considered the scope of our value of money responsibilities and whilst we do not draw any conclusions on the matters covered by the Verita review, we note the following: • The Trust responded quickly following the outcome of the January 2025 review, with actions taken including the provision of support to patients and their families, the suspension of the clinician, the appointment of the panel of clinical experts to review all of the planned surgical operations carried out by the individual during their employment with the Trust, and the commissioning of the Verita review to identify if there were any missed opportunities to have identified concerns and acted sooner; • We have considered the governance arrangements that exist across the Trust more generally that seek to provide assurance to clinical quality and effectiveness; and • We have considered the scope and scale of the clinical practice undertaken by the surgeon against the volume of other clinical activity that the Trust undertakes annually. Based on our work, and reflecting the scope of our responsibilities, we have seen no evidence to indicate a systemic weakness or deficiency in the Trust's overall arrangements of governance and to secure improvements and economy, efficiency, and effectiveness.

VFM arrangements – Governance

Overall commentary on Governance

The Trust's arrangements to monitor and assess risk

The Trust has a comprehensive risk management system in place which is embedded into the governance structure of the organisation. The processes are supported by the Trust-wide Risk Management Framework and the Trust leadership plays a key role in implementing and monitoring the risk management process.

Ultimate responsibility sits with the Board of Directors and its assurance committees, including the Audit Committee which has a specific remit to oversee the system of internal controls in place to manage risks, including in relation to fraud. The Board tracks the principal risks to the achievement of its strategic objectives through the Board Assurance Framework (BAF) which it, and its sub-committees, review on a regular basis. The BAF has been developed over time to include a risk appetite/tolerance dimension to improve the understanding and management of individual risks, as well as a 'heatmap' that analyses the current score against both the target risk score and the risk appetite. The BAF retains a close link to the Trust's risk register and allows for ongoing monitoring of 'bottom up' risk reporting that cross references to the related high risks that appear on the risk register. More operational risks are overseen through review of the Corporate Risk Register (CRR).

From review of minutes of Trust Board meetings, we have confirmed detailed discussion, and challenge has taken place on these high-level risks which are linked to the Trust's strategic objectives, and associated enablers.

An independent Non-Executive Director chairs the Audit Committee. At Executive level, the Chief Executive chairs a monthly Risk Oversight Committee meeting which is attended by all members of the Management Executive. The Accountability Framework describes the relationship between the Board, the Management Executive and the Clinical Divisions in terms of reviewing performance and monitoring and assessing risk.

At an operational level, responsibility rests with each Divisional Director, supported by the Associate Director of Operations and Head of Nursing, for clinical divisions; and with each Executive Director for the corporate directorates. Divisional 'red-rated' risks are reviewed at divisional Performance Meetings with members of the Executive Team.

The Trust's arrangements to gain assurance over the operation of internal controls and arrangements in place to prevent and detect fraud

The Trust has appointed internal auditors and local counter fraud specialists to provide assurance over the effective operation of internal controls, and arrangements in place to prevent and detect fraud. Risk based work plans are agreed with management at the start of the financial year and reviewed and challenged by the Audit Committee as part of final approval process. Internal audit completed their planned programme of work for 2024/25.

As part of our procedures, we have reviewed the internal audit planned work programme for 2024/25 alongside progress reports that are presented to each Audit Committee. These reports include detailed issues and recommendations arising from work completed. Review of reporting includes follow up review of recommendations to identify areas with delays in responding, which allows the Committee to hold management to account on behalf of the Board.

The 2024/25 internal audit plan included the delivery of 8 reports. The Trust has reviewed these reports and is following up actions through the Audit Committee. Internal audit raised 65 findings (including 13 high priority findings) in 2024/25.

Internal audit issued an overall 'significant assurance with minor improvements' assurance opinion for 2024/25 annual internal audit report.

As part of counter fraud arrangements there is a programme of fraud awareness for trust staff and Counter Fraud is part of the Trust Induction Programme. Counter Fraud reports to the Audit Committee on all aspects of their proactive and reactive work, allowing the Committee the opportunity to understand and influence work and understand risks and issues for forward communication to the Board.

Through our attendance at Audit Committee meetings, we have confirmed the Committee makes effective use of internal audit reports, and the associated findings, through detailed discussions on issues within the report area and the potential for associated issues within other aspects of the Trust's operations.

VFM arrangements – Governance

Overall commentary on Governance - continued

The Trust's arrangements for budget setting and budgetary control

The budgeting process is derived from the Trust's overall budget setting policy. The Trust Budget is derived from annual budget setting process completed by each directorate. The Trust Budget is derived from annual budget setting process completed by each directorate. Directorate Budgets are an end point in the Financial Planning process which is a bottom- up process built on Directorate submissions. Financial Planning assumptions (reflecting the agreed Budget Setting Methodology) are built into the Business Planning Pack. This process is undertaken as part of the wider business planning process for the Trust. This ensures that the wider plans are fully triangulated.

The Financial Plan is developed to reflect the best available information and assumptions including funding growth, inflation costs, cost pressures, activity levels, efficiency plans and service priorities. The process itself is run by the Trust finance team working closely with divisional teams and the wider C&PICS. Plans are reviewed in the Management Executive meeting in the first instance and then with the Non-Executive Directors through the Performance Committee and Board Meetings.

Finance Managers work with Directorate Teams and Budget Holders to ensure that budget variances are explained, and appropriate corrective action taken, or concerns escalated where corrective action will not cover the entire variance. Directorates produce monthly Performance Committee which explains the key aspects of their financial position. Through the Trust's Performance Committee, unsatisfactory performance is raised with Directorates such that appropriate corrective action is taken.

Monthly budget and financial monitoring reports are produced both at Directorate and Corporate level. As set out in the previous section the financial position is reported to Trust Board each meeting and includes sufficient detail to allow for effective review and challenge at the senior leadership level. We have reviewed Board minutes and supporting papers to confirm this.

The Trust's decision-making arrangements

The Trust has an established governance structure in place which is set out within its Annual Governance Statement. This is supported by the Trust's Constitution and scheme of delegation. Executive Directors have clear responsibilities linked to their roles and the Board Committee structure in place at the Trust allows for effective oversight of the Trust's operations and activity.

Clinical divisions and corporate directorates regularly review their services and key risks. Performance data covering workforce, quality and safety, operational delivery and access standards are reviewed by Divisional Boards and at monthly Performance Review meetings with the Executive Team. Actions are assigned to correct performance and address issues as required. There is a clear Executive committee structure with exception reporting to the Management Executive.

The Trust has various assurance committees to provide oversight and assurance to the Board of Directors e.g. Audit, Performance, Quality and Workforce and Education. Board and committee minutes demonstrate effective challenge.

Lead Executive Directors have responsibility for tracking compliance with legislative and regulatory requirements and reporting to the Management Executive and the Board of Directors accordingly.

The Trust's arrangements to ensure appropriate statutory and ethical standards are met

In line with NHSE guidance, the Trust's standard policy requires all staff to declare interests, including offers of gifts and hospitality. The Trust maintains and promotes the completion of a register of Interests that also encompasses declarations of hospitality and gifts. This is monitored to ensure appropriate behaviours are being maintained. Directors are subject to annual fit and proper person declarations.

The Trust has a full suite of governance arrangements in place, as set out in the Trust's Annual Report and Annual Governance Statement. We have reviewed these arrangements as part of our audit and confirmed they were consistent with our understanding of the Trust's arrangements, in particular, that they were in place and operating. This includes arrangements such as registers of interests being maintained and published; and the Board completing an annual review and self-certification of its compliance with the conditions of the NHS provider licence.

The Audit Committee receives reports on waivers of standing orders at each meet and challenges any losses and special payments. Our attendance at the committees confirms this process is well established and operating.

The Trust regularly reviews its financial governance framework to ensure that it meets the needs of the organisation whilst providing good financial governance.

Overall view on arrangements in relation to governance

The Trust has the expected governance arrangements in place.

VFM arrangements

Improving Economy, Efficiency and Effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services



VFM arrangements – Improving economy, efficiency and effectiveness

Risks of significant weaknesses in arrangements in relation to Improving economy, efficiency and effectiveness.

Risk of significant weakness	Work undertaken and the results of our work
Governance – failure to implement recommendations raised as a result of previous reports. **Improving the 3 Es – failure to take appropriate action in areas where the Trust has identified weaknesses in service performance.** **Historical issues with an orthopaedic paediatric surgeon** In October 2024 clinicians raised concerns over the practice of a surgeon specialising in paediatric orthopaedic surgery. An initial external review conducted in January 2025 identified shortcomings in the care provided to nine children. A review was carried out on the practices of the same surgeon in 2015 with a report issued to the Trust in 2016. On 14 February 2025, the Trust published a statement on its website saying it had commissioned an external review into the matter. The review would be led by an independent expert and consider around 700 historical cases. In addition, the Trust announced that it was commissioning a separate review by a specialist investigations company into whether there were opportunities to have identified issues sooner as it transpired that concerns were raised as early as 2015 and were subject to an external clinical review in 2016. The issue indicates a risk in the Trust's approach to implementing previously reported recommendations and for taking appropriate action in areas where the Trust has identified weaknesses in service performance.	**Work undertaken** To determine if there is an actual weakness in the Trust's arrangements, we have performed the following procedures: • Discussed this issue with the Trust; • Reviewed the 2016 report; • Considered the Trust's response to the incident. • Discussed and sought to understand the systems and arrangements that the Trust has in place to monitor the quality and performance across the Trust's clinical services. **Results of our work** Following the outcome of the review conducted in January 2025 which identified shortcomings in the care provided to nine children, the Trust has issued public statements which set out how it is responding to the concerns identified. This includes the appointment of Andrew Kennedy KC to chair a panel of expert clinicians to undertake an external clinical review, and the commissioning of Verita to investigate whether the Trust acted upon the 2016 clinical review appropriately and, if not, why. In line with our expectations, the Trust has also informed the General Medical Council, NHS England and the Care Quality Commission. We understand that the Trust is keeping these regulatory bodies regularly updated. The Trust has highlighted that it would not be appropriate to provide its own assessment of the response to the 2016 report, as this is the subject of the independent external review currently being undertaken by Verita. We have considered the scope of our value of money responsibilities and whilst we do not draw any conclusions on the matters covered by the Verita review, we note the following: • The Trust responded quickly following the outcome of the January 2025 review, with actions taken including the provision of support to patients and their families, the suspension of the clinician, the appointment of the panel of clinical experts to review all of the planned surgical operations carried out by the individual during their employment with the Trust, and the commissioning of the Verita review to identify if there were any missed opportunities to have identified concerns and acted sooner; • We have considered the governance arrangements that exist across the Trust more generally that seek to provide assurance to clinical quality and effectiveness; and • We have considered the scope and scale of the clinical practice undertaken by the surgeon against the volume of other clinical activity that the Trust undertakes annually. Based on our work, and reflecting the scope of our responsibilities, we have seen no evidence to indicate a systemic weakness or deficiency in the Trust's overall arrangements of governance and to secure improvements and economy, efficiency, and effectiveness.

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VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on Improving Economy, Efficiency and Effectiveness

The Trust's arrangements for assessing performance and evaluating service delivery

The Trust has a robust and in-depth framework for assessing performance and evaluating service delivery to ensure an economic, efficient and effective use of its resources. Key to this is the role of the Trust Board and relevant assurance committees. The Trust Board retains overall oversight of the overall business planning process. The Trust's Performance Committee meet monthly to review investment decisions and financial performance. The Audit Committee, supported by the internal audit work programme, seek to gain assurance over the effectiveness of the Trust's internal control framework over its operations. The Quality Committee complements the role of this committee in providing assurance to the Trust Board via a combination of quality reporting, hospital thematic reporting and audits relevant to efficient and effective patient care, focussing on clinical audit, pharmacy and medicines optimisation audit, etc. and duty of candour in 2024/25.

The Trust produces a range of operational indicators within its integrated performance report to measure performance and identify both opportunities for improvement and areas of high performance. Named directors are responsible for providing an overview of current performance and notes on possible changes because of known issues or responses that have been made.

The Board receives a broad range of performance information, both operational and finance and including the above information, at each meeting. Throughout the year the Board has given consideration to key challenges. We have reviewed the performance information provided to the Board along with the documentation of subsequent review and challenge and can confirm we consider the Board effectively holds managers to account where performance improvements are required.

The Trust is also subject to regulation by the Care Quality Commission (CQC). The Trust's last full inspection was completed in October 2018 (Published February 2019). Against the 2 reporting criteria of caring and well-led the Trust received 'outstanding' rating; and for 2 criteria of safe and effective, the Trust received 'good' rating and 2 'requires improvement' ratings, resulting in a combined 'good' rating. The Trust has been implementing lessons learned from the inspections over the years since.

During 2024-25, the Trust was not subject to any CQC inspection.

The Trust's arrangements for working effectively within partnerships

The increasing national move towards greater integration of services across the health and social care sector and away from the more service focused internal market, has been reflected in the way that the Trust has worked with partner organisations across the C&P ICS to deliver a sustainable financial position for the wider area, while also addressing the Trust's overall financial sustainability.

During 2024/25, the Trust actively contributed to working within the C&P ICS, which enabled shared learning and the effective delivery of both an individual and a system plan. The Trust worked effectively as part of the system in monitoring and managing the budgetary pressures and subsequent recovery during the year. Periodic reporting to the system enabled intervention, to deliver financial performance against the revised budget for the Trust at year end.

Partnership working is wholly embraced at the Trust, given its location on the Cambridge Biomedical Campus. The Trust is an active member of both Cambridge University Health Partners (CUHP) and Cambridge Biomedical Campus Limited (CBC), through which it is working with partners across the biomedical campus (including the University of Cambridge) to integrate services more effectively, support research and innovation, explore partnership opportunities (including with industry partners) and develop the campus in support of its staff and patients.

In 2007 the Trust entered a Private Finance Initiative (PFI) agreement for the construction and management of a Addenbrooke's Treatment Centre (ATC), a purpose-built inpatient facility for elective services, along with other clinical and clinical support services, along with Laboratory accommodation for the University of Cambridge, and MRC. Under its PFI agreement for the ATC, the Trust makes annual payments to the PFI operator, Key Health Services (KHS), for use of the facility, lifecycle costs (e.g. replacement of things such as lifts), service and maintenance obligations and interest. This is made through an annual 'unitary charge' which is subject to a Retail Price Index (RPI) uplift each year.

VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on Improving Economy, Efficiency and Effectiveness - continued

Since February 2023, the Trust and KHS have been engaged in extended discussions to establish a settlement/supplemental agreement, under which KHS will undertake remediation of defects in the Hospital through an agreed programme of works. Additionally, these discussions aim to resolve various disputes concerning KHS's performance under the Project Agreement (the 'Supplemental Agreement'). To allow for those discussions to take place in as constructive a manner as possible, the Trust entered into a non-binding Interim Standstill Agreement originally on 22 February 2024 (backdated to 1 October 2023), which agreement was extended on the same non-binding basis multiple time during 2024-25. The current Interim Standstill Agreement will expire on 30 June 2025.

Due to the financial and operational difficulties, KHS defaulted the service obligations under the PFI agreement with the Trust and the reserve maintenance covenant under the credit agreement with lenders. The Board appointed expert advisors to support the Trust in developing the plan and exploring different options and workable solutions to come out of this situation.

The Trust with its advisors are working towards concluding whether or not an acceptable settlement agreement could be achieved, that will resolve historical issues (deferred lifecycle investment, high levels of disputed deductions and resulting negative impact on the service delivery) and agree suitable terms to leverage the capital investment required to rectify the known defects/overdue lifecycle as well as a stable platform for service delivery to the end of the concession.

While efforts remain focused on determining the feasibility of a settlement, the Trust has also assessed alternative non-settlement scenarios. The Performance Committee has indicated that it does not intend to extend the current interim standstill agreement beyond June 2025 and noted that the Trust, with support from its advisory team, will continue to work through and prepare for the different scenarios that may occur in respect of the contract.

The Trust's arrangements for commissioning services

The Trust adheres to standard procurement policies and processes, overseen by specialist professionals. A robust specification and selection framework ensures that the chosen option or supplier delivers optimal value for money. Legally compliant Framework Agreements with pre-negotiated discounts are utilized for purchasing goods and services. The Scheme of Delegation outlines approval levels for expenditure, while a lead manager is designated to ensure the effective delivery of procured services. In some instances, Post-Project Evaluations are required.

The Procurement Act 2023 introduced limited changes, with Standard Financial Instructions appropriately updated—though key thresholds remained unchanged. The Procurement Team has implemented additional processes to reinforce compliance.

The Trust maintains a comprehensive conflict-of-interest policy, requiring all staff to declare any potential conflicts arising in their day-to-day roles, as well as any gifts and hospitality received. Senior employees involved in purchasing decisions are specifically required to submit an annual declaration of interests, including a Nil Return in cases where:

- they have no interests to declare.
- this helps mitigate the risk of conflicts.

Conflicts of interest are actively monitored throughout procurement and evaluation processes to ensure transparency in decision-making. A review of Board and Audit Committee meeting papers and minutes confirms that these records are regularly updated and published.

Overall view on arrangements in relation to improving economy, efficiency and effectiveness

We are satisfied that the Trusts has the expected arrangements in place in respect of improving economy, efficiency and effectiveness.

04

Other reporting responsibilities and our fees

Other reporting responsibilities and our fees

Wider reporting responsibilities

Public interest reports

Auditors have the power to make a report if they consider a matter is sufficiently important to be brought to the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not make a report in the public interest during 2024/25.

Schedule 10 referrals

Under Schedule 10 of the National Health Service Act 2006, auditors of a Foundation Trust have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be reported to the relevant NHS regulatory body.

We have not reported any such matters.

Reporting to the group auditor

Whole of Government Accounts (WGA)

The Trust is consolidated into the Consolidated NHS Provider Account which is then consolidated into the Department of Health and Social Care (DHSC) group. The National Audit Office (NAO), as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. The NAO included the Trust in its sample of component bodies for the purpose of its audit of the DHSC group.

We reported to the NAO that consolidation data was consistent with the audited financial statements. We also reported to the NAO in line with its group audit instructions.

Appendices

A - Further information on our audit of the financial statements

Appendix A: Further information on our audit of the financial statements

Significant risks and audit findings

As part of our audit, we identified four significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
Significant Risk 1 – Management override of controls In all entities, management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur, we consider there to be a risk of material misstatement due to fraud and thus a significant risk on all audits.	We addressed this risk through performing audit work over: • Accounting estimates impacting amounts included in the financial statements; • Consideration of identified significant transactions outside the normal course of business; and • Journals recorded in the general ledger and other adjustments made in preparation of the financial statements. • Our work on journals included identifying and analysing the total population of journals posted by the Trust during the year and as part of the account's preparation process. We identified a range of fraud risk factors that we then applied to the population and tested the validity of any journals that we identified for testing. We outline a summary of the risk factors, the number we identified and the outcome of our testing. Of the total journals posted, we identified that 287,458 lines (3,497 journals) were manually posted by employees of the Trust and therefore subject to the risk of management override. All were subject to risk-based analysis, against criteria set during the planning stage of the audit, to identify those with characteristics indicative of management override. A total of 72 lines across 24 journals were then selected for detailed testing. This involved agreement of the selected items back to sufficient appropriate evidence. We identified one classification error of £2.37 million between accrued expenditure and deferred grants. There was no indication of management override of controls.

Appendix A: Further information on our audit of the financial statements

Significant risks and audit findings (continued)

Risk	Our audit response and findings
Significant Risk 2 – Risk of fraud in revenue recognition In the 2024/25 year, funding arrangements within the NHS continued to emphasise funding adjustments based on activity reporting. There is scope for manipulation of activity through these adjustments, which represents a significant risk if these adjustments are material. For the trust, we deem that the potential risk relates specifically to accrued API variable income, since this is the area subject to adjustments and potential manipulation. We have rebutted the risk of inappropriate recognition for all other income since there is limited scope for manipulation there, and there is an absence of management judgement involved.	We have obtained an understanding of how the funding adjustments in relation to variable API income will be calculated at the year end. As expected, API for Q4 is material, we have applied sampling techniques, as well as performing work over management's estimates which reflects a material portion of API variable income throughout the year. We have performed substantive sample testing over the patient activity which feeds the recognition of the £65m API variable income in months 10-12. To validate the API variable income for months 1-9 we agreed these amounts to confirmed NHSE figures. For months 10-11 we obtained the updated NHSE confirmation and compared this to the Trust's estimates for month 10-11. We have also obtained confirmations between the trust and the commissioning bodies to confirm they are agreed on the expected API income for Q4 of the year, which contributes to the £3.7m accrual at the year end for this income. We have completed our testing and identified no matters to report.
Significant Risk 3 – Risk of fraud in expenditure recognition We identified a risk that the Trust defers the recognition of expenditure in month 12 of 2024/25 to the first month of the following accounting year. This could be an attempt to manipulate the Trust's financial performance to achieve targets.	To satisfy ourselves that the Trust have appropriately recognised expenditure in the appropriate accounting period, we have agreed the sampled transactions back to appropriate evidence to confirm the timing of the activity to which the expenditure relates is the same as the period in which it has been recorded. We have tested a sample of 92 items with a total value of £120 million. We have completed our testing and identified no matters to report.
Significant Risk 4 – Valuation of property, plant and equipment Land and buildings are the Trust's most valuable assets, comprising 67% (329m of £488m) of the total Property, Plant, and Equipment balance as at the 31st March 2025. The level of estimation uncertainty arising from the extensive use of judgement in the valuation process along with the size of the asset base means that we consider valuation of land and buildings to be a significant risk.	We have updated our understanding of the approach taken by the Trust in its valuation of land and buildings. Our work also included testing the underlying data to gain assurance of its accuracy. Our testing covered 98% of the Trust's property, plant and equipment. We identified misstatements in the valuation of the Trust's PFI assets and how it had accounted for fully depreciated assets.

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Appendix A: Further information on our audit of the financial statements

Unadjusted misstatements

Management has assessed the misstatements in the table below as not being material, individually or in aggregate, to the financial statements.

Description	Nature	SOCNE/SOCI		SOFP	
		Dr (£ '000)	Cr (£ '000)	Dr (£ '000)	Cr (£ '000)
Dr: I&E Impairment for revaluation of existing leases Cr: Revaluation reserve An impairment arose on seven right-of-use assets. While individual assets show a mix of revaluation gains and impairments, the Trust has presented this as a net impairment of £4,266k. We consider this treatment inappropriate, as each asset should be accounted for separately.	Factual Error	4,569			4,569
Dr: Trade Payables (Capital Accruals) Cr: Plant, property and equipment (Buildings) Cr: Intangibles Extrapolated unadjusted error on the recognition of capital accruals. The Trust had created payables at year end 2024/25 for assets partially received in 2025/26, therefore overstating their Capital Payables at year end and recognising assets fully before all works had been completed. This resulted in a further sample being taken to analyse the error, with a further two errors being identified.	Extrapolated Error			11,051	2,507 8,544
Dr: Accumulated depreciation (furniture & fittings) Cr: Asset gross book value (furniture & fittings) Dr: Accumulated amortisation (intangible assets) Cr: Asset gross book value (intangible assets) Write-off of accumulated depreciation and gross-book-value of assets held with net book value of nil, where assets are not in existence and in use.	Factual Error			1,656 3,517	1,656 3,517
Dr: Income from Acute Services Cr: Non-patient care services to other bodies We have identified an unadjusted classification misstatement in respect of the net impact of accrued income under the heading of other operating income when they should be recognised as a reduction in clinical income.	Factual error	2,955	2,955		
Aggregate effect of unadjusted misstatements (sub-total)		**7,524**	**2,955**	**16,224**	**20,793**

Appendix A: Further information on our audit of the financial statements

Unadjusted misstatements (continued)

Management has assessed the misstatements in the table below as not being material, individually or in aggregate, to the financial statements.

Description	Nature	SOCNE/SOCI		SOFP	
		Dr (£ '000)	Cr (£ '000)	Dr (£ '000)	Cr (£ '000)
Dr: Depreciation on right of use assets Cr: Depreciation on peppercorn leased assets This is the adjustment of depreciation on right-of-use assets which has previously been split incorrectly between the lines of right-of-use assets and peppercorn leased assets.	Factual error			385	385
Aggregate effect of unadjusted misstatements (sub-total)		**7,524**	**2,955**	**16,609**	**21,178**

Appendix A: Further information on our audit of the financial statements

Adjusted misstatements

The misstatements in the table below have been adjusted by management.

Description	Nature	SOCNE/SOCI		SOFP	
		Dr (£ '000)	Cr (£ '000)	Dr (£ '000)	Cr (£ '000)
Dr: Intangible assets Cr: Plant, property and equipment Reclassification of PPE to intangibles on the face of the balance sheet. The disclosure note had correct amounts but was inconsistent with primary statements.	Factual error			7,409	7,409
Dr: Plant, property and equipment Cr: Right of use assets Reclassification of - right of use impairment initially recognised under PPE.	Factual error			4,266	4,266
Dr: Accrued expenditure Cr: Prepayments Adjustment by the Finance team to correct a posting made to the GRNI and prepayments.	Factual error			4,462	4,462
Dr: Accumulated depreciation (plant & machinery) Cr: Asset gross book value (plant &machinery Dr: Accumulated depreciation (information technology) Cr: Asset gross book value (information technology) Write-off of accumulated depreciation and gross-book-value of assets held with net book value of nil, where assets are not in existence and in use.	Factual error			11,571 3,112	11,5712 3,112
Dr: Current Provision Cr: Non-current provision £1,993k of the Orthopaedic IMT provision relates to expenditure that is expected to be incurred in 2026/27 year. This was originally wholly included as a current provision, but after challenging this, the Trust agreed to move the 2026/27 portion into non-current provisions.	Factual error			1,993	1,993
Aggregate effect of adjusted misstatements (sub-total)				**32,813**	**32,813**

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Appendix A: Further information on our audit of the financial statements

Adjusted misstatements - continued

Description	Nature	SOCNE/SOCI		SOFP	
		Dr (£ '000)	Cr (£ '000)	Dr (£ '000)	Cr (£ '000)
Dr: Depreciation on right of use assets Cr: Depreciation on peppercorn leased assets This is the adjustment of depreciation on right-of-use assets which has previously been split incorrectly between the lines of right-of-use assets and peppercorn leased assets.	Factual error			385	385
Dr: Contracted receivables Cr: Allowance for impaired contract receivables The Trust has recognised expected credit losses on balances with DHSC group bodies that have been outstanding for over 12 months by netting them against contract receivables. However, in accordance with the DHSC Group Accounting Manual (GAM), receivables from DHSC group bodies should not be impaired. This has therefore been included within the schedule of unadjusted misstatements.	Factual Error		3,021	3,021	
Dr: Accrued Expenditure Cr: Deferred grants The Trust has received funding from MHCLG for their new hospital and is deferring some of these funds. However, they mistakenly posted the deferral to accrued expenditure, rather than deferred grants.	Factual Error			2,337	2,337
Cr: PFI Asset Dr: Impairment charged to PFI revaluation reserve Dr: Impairment charged to operating expenditure The PFI Asset was previously values to include VAT, which is incorrect. The Trust has applied a flat decrease to exclude the 20% VAT. From the Trust's discussions with the valuer, this had occurred in prior years, however, as it is not material, the adjustment has been made in the current year, rather than a prior period adjustment.	Factual error	6,451		3,901	10,352
Aggregate effect of adjusted misstatements (total)		**6,451**	**3,021**	**42,4072**	**45,502**

Appendix A - Further information on our audit of the financial statements

Significant deficiencies in internal controls identified on prior year audits

We identified one new significant deficiency in internal control.

Removal of staff leaving the Trust from the Oracle Fusion system

Description of deficiency

We identified that when employees leave the Trust and they have had access to Oracle Fusion, the Trust does not have in place a control or process to disable their access credentials promptly i.e. on the same day. Currently the process is that Workforce will send Finance Systems a monthly list of leavers that is then processed at the end of the month.

Potential effects

There is a risk that a departed employee's credentials could be used to obtain access to Oracle Fusion to process unauthorised transactions.

Recommendation

Implement a control that notifies Finance Systems of departing employees on the day that they leave, so that the disabling of their credentials can occur that day.

Management response

Management will investigate the options that would allow the timeliness of this control to be improved.

Appendix A - Further information on our audit of the financial statements

Follow up on significant deficiencies in internal controls identified on prior year audits

Set out below is an update on the action taken by the Trust to address significant deficiencies in internal control identified on prior audits, that were not resolved on commencement of our audit.

Related parties not identified

Description of deficiency

During our testing of the related parties' transactions, we identified the following 5 related parties, which had transacted with the Trust during the financial year but were not identified and reported by the Trust in the financial statements.

- Addenbrookes Charitable Trust,
- St Johns Ambulance Services,
- Ove Arup &partners Limited,
- Granta Medical Services; and
- Cambridge Biomedical Campus Ltd.

Potential effects

Possibility of management override of controls over related parties' transactions and incomplete disclosures thereof in the financial statements

Recommendation

Management should strengthen the controls around identification and disclosures of related party transactions

2024/25 update

As part of its preparation of the financial statements, the Trust now produces a document which outlines potential related parties, a list of remarks, and a checklist including a series of tests to establish if the conditions in IAS 24 have been met for disclosure. We did challenge the Trust on the non-inclusion of one related party this year, which they agreed to amend. However, we consider that this non-inclusion was due to an issue of accounting judgement, rather than a lack of internal control.

We are therefore satisfied that this deficiency in internal control has been closed.

Contact

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Report to the Council of Governors: 25 September 2025

Agenda item	6
Title	Changes to the Council of Governors since the previous meeting
Sponsoring executive director	Beth Hughes, Interim Chief Governance and Performance Officer
Author(s)	As above
Purpose	To note changes to the composition of the Council of Governors.
Previously considered by	n/a

Executive Summary

The attached table shows the composition of the Council of Governors as at 18 September 2025. This reflects recent changes to partnership governor membership:

1. Cambridge County Council confirmed on 24 June 2025 the appointment of Cllr Luis Navarro as its Partnership Governor nominee for a period of 12 months. Cllr Todd-Jones succeeds Cllr Susan van de Ven in this role.
2. On 25 August 2025 Karen Woodey informed the Trust of her decision to step down from her role as Partnership Governor with immediate effect. Campus Research Organisations has not yet confirmed its Partnership Governor in succession to Karen Woodey.
3. On 11 September 2025 Royal Papworth Hospital NHS Foundation Trust informed the Trust of a new Partnership nominee to replace Dr Stephen Webb. The Trust are in communication with Royal Papworth Hospital and will formally report the outcome of those discussions at the next meeting of the Council.

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal and regulatory implications?	The composition of the Council is defined by the Trust Constitution.

Action required by the Council of Governors

The Council of Governors is asked to note the revised composition of the Council.

Composition of the Council of Governors as at 1 July 2025

Public (7)		Patient (8)		Staff (4)		Partnership (8)		
Helena Rubinstein	1st term (2027)	Sarah Dixon	1st term (2027)	Frank Allan	1st term (2026)	Geoff Woods	University of Cambridge	1st term (April 2028)
John Lee Allen	2nd term (2027)	Charlotte Dear	1st term (2028)	Vernon Johnson	1st term (2027)	*TBC*	Campus Research Organisations	N/A
Jane Biddle	3rd term (2026)	Elizabeth Howe	2nd term (2026)	Eunice Morada	1st term (2028)	Rachael Cubberley	Anglia Ruskin University	1st term (June 2025)
Chris Cumberland	1st term (2026)	Daniel Trajkovski	1st term (2027)	Chris White	1st term (2027)	Luis Navarro	Cambridgeshire County Council	1st term (June 2028)
Will Watson	2nd term (2027)	Richard Hodder	1st term (2028)	[redacted]		John Clarkson	University of Cambridge	2nd term (Aug 2026)
Kevin Rush	1st term (2028)	Robin Stevens	1st term (2026)			Mike Todd-Jones	Cambridge City Council	1st term (June 2026)
Carina Tyrrell	2nd term (2026)	Neil Stutchbury	3rd term (2026)			*TBC*	Royal Papworth Hospital NHS Foundation Trust	N/A
[redacted]		Maureen Haldane	1st term (2027)			Stephen Legood	Cambridgeshire and Peterborough NHS Foundation Trust	3rd term (Feb 2024)

The figure in ( ) refers to the end of the current term of office.
First term was served from 1 July 2013 to 30 June 2016.
First term was served as a Staff Governor from 1 July 2021 to August 2023.

Terms of service

1.1 All governors are eligible to serve up to nine years in office. The nine years is calculated cumulatively.

1.2 Elected governors may serve single terms of up to three years. Elected governors who are elected for part terms are eligible to serve up to a maximum of nine years, therefore may only be eligible for a reduced length of service in a final term.

1.3 The Council of Governors cannot extend appointments beyond the nine year maximum limit or (for elected governors) individual terms beyond three years.

1.4 The Trust and individual nominating organisations will agree a review cycle which will normally be a maximum of three years between reviews.

1.5 Governors may only hold one governor role at a time, therefore may not be a governor at another trust while being a CUH governor.

2. Vacancy procedure (elected governors)

2.1 In the event of a vacancy for an elected member of the Council of Governors arising outside of the normal election cycle, the vacancy shall be filled as follows:

a) The next highest polling candidate in the relevant constituency at the most recent election, who is willing to take office and who secured at least 10% of the total number of ballots in the relevant constituency, shall be co-opted to fill the vacant seat on the Council of Governors until the next scheduled election, provided the co-option commences prior to the publication of the Notice of Election for the next scheduled election.

b) In the event that it is not possible to fill the vacancy on the basis of a) above, the seat shall be left vacant until the next scheduled election unless the vacancy results in one or more of following occurring:

(i) The Council of Governors will not be quorate.
(ii) The number of vacancies in either the public, patient or staff constituency is greater than 50% of the places in the relevant constituency.

c) In the event that b) (i) and/or (ii) above apply, and there is greater than six months until the next scheduled election, a by-election shall be convened for all current vacancies. The six months shall be calculated from the date of issuing of the formal Notice of Election. The successful candidates in the election will be elected for the remaining components of the departing governors' terms.

3. Vacancy procedure (partnership governors)

3.1 In the event of a vacancy arising for a partnership governor, the Trust will contact the nominating organisation and seek a new nomination.

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Report to the Council of Governors: 25 September 2025

Agenda item	7
Title	Amendment to the Trust Constitution
Sponsoring executive director	Beth Hughes, Chief Governance and Performance Officer (interim)
Author(s)	Lynn Hughes, Head of Governance (interim)
Purpose	To note and endorse amendments to the Trust's Constitution
Previously considered by	Constitution Committee Council of Governors Board of Directors

Executive Summary

The Trust's Constitution sets out the powers and functions of the Trust, which have been reviewed by the Trust's Constitution Committee on 18 June 2025 to take into account developments in corporate governance and changes to the health and care system.

Changes to the Constitution require approval by more than half of the members of the Council of Governors and more than half of the members of the Board of Directors voting to approve the amendments.

Proposed amendments recommended by the Constitution Committee were approved by the Council of Governors on 25 June 2025 and Board of Directors

on 10 September 2025. In addition to those changes, the Board of Directors at its 10 September 2025 meeting approved a number of title changes, (i.e. Vice Chair to Deputy Chair and Director of Corporate Affairs to Chief Governance and Performance Officer), which the Council of Governors is asked to endorse.

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	All Assurance Framework Entries
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Council of Governors

The Council of Governors is asked to note that the Constitution changes that they had previously approved on 25 June 2025 have been approved by the Board of Directors at its meeting held on 10 September 2025.

The Board of Directors also approved additional title changes, which the Council of Governors is asked to endorse.

Subject to final endorsement by the Council of Governors, the Constitution will be fully updated and a final spell check undertaken prior to the Constitution being uploaded onto the Trust’s website.

Council of Governors

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Report to the Council of Governors: 25 September 2025

Agenda item	9.1
Title	Chief Executive's report
Sponsoring executive director	Roland Sinker, Chief Executive Nicola Ayton, Deputy Chief Executive
Author(s)	As above
Purpose	To receive and note the contents of the report.
Previously considered by	n/a

Executive Summary

The Chief Executive's report is divided into two parts. Part A provides a review of the five areas of operational performance. Part B focuses on the Trust strategy and other CUH priorities and objectives.

Related Trust objectives	All Trust objectives
Risk and Assurance	A number of items within the report relate to risk and assurance.
Related Assurance Framework Entries	A number of items covered within the report relate to Board Assurance Framework entries.
Legal/regulatory impact	n/a

Action required by the Board of Directors
The Council of Governors is asked to note the contents of the report.

Cambridge University Hospitals NHS Foundation Trust

25 September 2025

Council of Governors
Chief Executive's Report
Roland Sinker, Chief Executive

1. Introduction/background

1.1 The Chief Executive's report provides an overview of the five areas of operational performance. The report also focuses on the Trust strategy and other CUH priorities and objectives. Further detail on the Trust's operational performance can be found within the Integrated Performance Report.

1.2 The focus of the NHS continues to be on reducing waiting times and financial control. Broadly the challenge is to provide more care within the existing financial settlement – 'more with the same'. The regulatory priorities are now becoming clearer with a more limited number of key performance indicators, now extending to e.g., outcomes and infection control. These obligations will sit within a rating system, alongside an assessed Board Capability Framework. Rankings will change quarterly. Alongside this, the national operating framework from NHS England is changing and firming up with greater clarity about the role of ICBs, providers and regional teams, although it will take time to refine. CQC oversight is also developing, with both targeted inspections of areas viewed as being at risk, and a core focus on regular well-led reviews. The 10-year plan for the NHS, and a life sciences sector plan have been published. Cambridge and CUH have contributed to these pieces of work and is preparing to respond to the opportunities set out in both. Work is ongoing nationally on plans for delivery. In the round, this means a much greater prioritisation and focus – reflected in both the five areas of operational performance and the new strategy

1.3 CUH continues to perform broadly well in the five areas of operational performance relative to peers, but with areas of significant concern, some of which are new and represent a drop in overall performance. CUH will look to improve back to an historically strong position by the end of the year. As examples:

Quality - a focus on the Trust response on paediatric orthopaedics, core standards, maternity and triangulation of 'areas of concern'. In addition, CUH is reviewing two areas of performance – outcomes (where the Trust has historically benchmarked well), and infection control. Performance remains positive in core indicators of frontline care. Work on a quality governance review is underway.

Workforce – a focus on the directed reduction in staff numbers, in line with the financial plan; and managing a return of industrial action. Noting year-on-year improvement in staff survey response rate and flu vaccination take-up rate which benchmarks well relative to peers; strong position on recruitment and overall staffing levels but with 'hot spot' areas; now considering how we respond to the staff survey and our offer for enabling staff to be at their best when they come to work.

Access – following several years of strong performance, a new focus on waits for elective care, where the Trust performance is below the standard, triggering regulatory intervention. A similar focus on cancer performance, where the Trust has again performed well historically but has work to do to get back on plan. In both cases this position has been driven in part by managerial prioritisation and to some degree a focus on financial controls. Diagnostic performance remains strong, and emergency care is ahead of plan, with ambulance handovers very positive. Improvement continues to be needed to length of stay.

Finance - maintaining progress with our significant capital plan of ~ £95m and making best use of our resources to deliver financial plans for CUH and the integrated care system for the coming years. The Trust has delivered financial balance for the 5th year; and is now delivering a very challenging financial plan. This is centred on both cost reduction and significant improvements in productivity. The Trust remains on plan and is forecasting a break-even position for the year end.

Improvement, Innovation and Digital - we are balancing support to teams to deliver changes and improve productivity; managing and mitigating risks in relation to our IT infrastructure; and transforming and innovating now and for the future, in particular in Outpatients, a digital front door, and a more central digitally enabled running of the hospital.

1.4 CUH continues to refresh the Trust Strategy in partnership with stakeholders. This shows a confirmation of the vision, three refreshed areas of focus (strengthening our core; transforming where and how we deliver care; and improving care through research and innovation), nine concrete integrated programmes for delivery, and a link to our 5-year financial plan and an outcomes framework. Work is ongoing on communication and engagement and, in due course, a refreshed Board Assurance Framework (BAF).

1.5 On major projects, work has started on the ground for both the Cambridge Children's Hospital (Outline Business Case formally approved and contractor appointed) and the Cambridge Cancer Research Hospital (enabling works completed). For both hospitals work is ongoing on the Full Business Cases. As part of this the partners are

taking stock of areas including the clinical model, research strategy, fundraising plan and construction capability.

1.6 In addition, following the Budget announcement of £3m, work has completed on this phase of our Acute Care Strategy which seeks to both understand and meet the needs of a growing population as a result of new housing and economic growth, as well as an ageing population. We are clear that meeting the needs of our local populations will require new care models as well as the right investment in vital health infrastructure. The first articulation of this business case was approved by the Trust's Performance Committee in March 2025 and has been submitted nationally for support with the next phase, moving towards an Outline Business Case.

1.6 Work to better align CUH, Royal Papworth Hospital and the University of Cambridge is ongoing. More will be required in terms of work with partners in the local ICB as it continues to evolve, in particular to align the acute services business case.

1.7 CUH continues to engage with partners across Cambridge on a wide range of areas from growth to transport and housing - some of this is set out in the March 2024 'The Case for Cambridge' HMG publication. National support for Cambridge continues, as set out in the most recent budget. The Biomedical Campus continues to develop with new industry capacity and the Cambridge South station progressing – all of which needs constructive engagement with local partners.

1.8 CUH welcomes Beth Hughes as Interim Chief Governance and Performance Officer, and Nick Kirby as Interim Chief Operating Officer. In due course substantive appointments will be made, following the Trust's open recruitment process. The Trust also welcomes Philippa Hird and Rosalind Smyth as new Non-Executive Directors. The Chair, CEO, Deputy CEO and Interim Chief Governance and Performance Officer are reviewing current governance arrangements, taking stock of both the Deloitte well-led review and the changing regulatory landscape.

1.9 In February 2025, the Trust set out to the public the position in relation to paediatric orthopaedic surgery, requiring support to patients, further clinical review and a look back into any missed opportunities to identify concerns earlier. The Trust apologises for any impact on children or their families and will continue to be transparent in communicating the position as it develops; and welcomes feedback on any area that can be improved in terms of approach.

Part A

2. The five areas of operational performance

2.1 Quality

2.2 **Quality governance:** A Trust-wide review of quality governance is underway, led by the Chief Nurse and Chief Medical Officer, with support from NHS England through a six-month on-site collaboration. The review includes diagnostic workstreams and aims to strengthen current structures and identify opportunities for improvement. Progress will be reported to the Quality Committee.

2.3 **Mortality indicators:** The Trust continues to monitor mortality using national indicators. The Hospital Standardised Mortality Ratio (HSMR) for March 2024 to February 2025 is 89.44, placing CUH 7th lowest among comparable London-based peers and below the Shelford Group average. The Trust also monitors the Summary Hospital-level Mortality Indicator (SHMI), which includes deaths occurring both in hospital and within 30 days of discharge. The latest SHMI is 101.19, which is slightly above the national benchmark of 100, and has increased from the previous figure of 99.92. The Learning from Deaths Committee, led by the Chief Medical Officer, is conducting a structured review to understand the change and provide assurance. Findings will be reported to the Quality Committee for action.

2.4 **Paediatric audiology:** The hospital received positive feedback from the Paediatric Audiology Services Quality Assurance Team (PASQAT 2) visit, with only minor actions identified and a low-risk rating for ABR testing. Quality concerns have been identified, particularly relating to inequity in waiting lists across the Cambridge and Peterborough Integrated Care System (ICS). In response, a system-wide quality summit has been convened to support efforts to address these issues, with representation from CUH.

2.5 **Outstanding 52-week harm reviews:** A high number of 52-week harm reviews remain outstanding. These reviews assess whether delays in care may have impacted patient outcomes. The process is currently under review to improve consistency. Progress will be monitored through quality and performance meetings and reported to the Quality Committee.

2.6 **Nursing quality and harm free care:** Nursing KPIs have shown sustained improvement, reflecting ongoing efforts to enhance care quality. Alongside this, harm free care is improving across six priority areas introduced in January 2025: continence, nutrition and hydration, deteriorating patients, medication safety, falls, and hospital-acquired

pressure ulcers. Each area is supported by KPIs aligned with Trust priorities and patient experience data. A new digital Quality Round Tool (Genome) will launch in September to support targeted improvement

2.7 **Falls:** A new Multi-Professional Round Table Learning Response process for moderate or greater harm falls has been introduced, aligned with World Falls Guidelines (2022) and NICE Guidance (2025). During this reporting period a number of moderate or above harm falls were identified where a fall may have contributed to a patient's death. These cases were presented to the Learning from Deaths Committee in July, with a follow-up scheduled for October.

2.8 **Maternity:** Our maternity service remains on oversight by Region and Integrated Care Board (ICB), with progress being made in all area of the improvement plan.

3. Access to Care

3.1 **Emergency Department (ED).** Performance against the 4 hour standard improved to 74.2% in July 2025, compared to 73.8% in June. This also represents an improvement from 69.9% in July 2024. Benchmarked performance for July shows that CUH ranked 60th out of 118 trusts, compared to 56th position in June. This ranking places CUH within the second quartile.

3.2 **Referral to Treatment (RTT).** The total waiting list size has increased, however this can create a 'false positive' of our position as % performance is influenced by variances in the volume waiting <18wks as well as >18wks and we are above plan in both.

3.3 **Delayed discharges**. There has been an increase in lost bed days for both internal and external assessments across all complex discharge pathways during July 2025, compared to the previous three months.

3.4 **Cancer.** 62 days combined referral to treatment performance for June 2025 was below plan but remains above national target of 70%. 275 patients were treated in June, with 76 waiting longer than 62 days.

3.5 **Operations.** Capped Utilisation in July 2025 was down from the previous month. In part, driven by Industrial Action, now at 81.0%.

3.6 **Outpatients.** New outpatient attendance is 5% lower than plan, with all Divisions seeing reduced activity in July 2025.

4. Finance – Month 4

4.1 The Month 4 year to date financial position is a £1.5m deficit for performance management purposes. This position is ahead of the year to date plan by £3.3m driven by the early receipt of non-recurrent income reported in Month 3 offset by £1.4m in Month 4 by specific non-recurrent cost pressures.

4.2 The financial plan is to deliver a break-even plan for the financial year.

4.3 The following points should be noted in respect of the Trust's Month 4 financial performance:

- The Elective Payment Mechanism (EPM) is expected to follow a similar approach to 2024/25. At Month 4 the Trust is £0.8m behind the Trust's planned EPM income but is exceeding the 24/25 NHSE target by £13.1m.
- The average daily EPM planned income is consistent across the year in line with current operational plans. The Trust has an opportunity to exceed this plan through productivity improvements implemented in year to improve both operational and financial performance.
- The Trust Productivity and Efficiency Programme (PEP) plan aims to deliver £92.4m of financial benefit to the Trust. Current performance is in line with plan at Month 4 with an expectation to improve service productivity and cost reductions supported by the Mutually Agreed Resignation Scheme (MARS).
- Industrial Action – the forecast Industrial Action impact is £2.1m (Pay £1.5m and Income £0.6m) in month offset in full by non-recurrent support. NHSE has indicated there will be no additional funding provided in year for Industrial Action.
- Pay Award - The final agreed NHS pay award and associated income increases are included in the Month 4 position with backpay from 1 April 2025. The Trust is forecasting for income increases to fully cover the cost of the pay award.

4.4 The Trust received an initial system capital allocation for the year of £44.7m for its core capital requirements. In addition to this we expect further funding including Children's Hospital (£13.3m); Cancer Hospital (£10.6m); Heat Pumps (£5.4m grant). Together with capital contributions from ACT, technical adjustments in respect of PFI, and other miscellaneous DHSC awards, the Trust's capital budget for the year now totals £93.3m.

4.5 Capital expenditure to date at Month 4 is £14.4m, which is slightly behind the plan of £16.0mm. We are forecasting achievement of the capital plan, and the Capital Advisory Board is actively managing any changes in forecasts as the year progresses.

5. Workforce

5.1 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas: good work and wellbeing, resourcing, ambition, inclusion and relationships. Whilst these areas continue to see progress, the organisational change process delivering in-year cost reduction (primarily in support functions) and productivity increases continues to dominate the workforce agenda.

Pay cost review

5.2 The NHS as a whole is undergoing major changes to the way it is funded and managed. Like all NHS Trusts, CUH have been asked to reduce the costs of support functions, reverting to 2022 levels of spend. Support functions is interpreted as all corporate services and administrative and clerical roles across divisions.

5.3 In response to this, upon conclusion of a Mutually Agreed Resignation scheme (MARS) the Trust commenced collective consultation with trade union representatives on organisational change proposals, including a number of proposed compulsory redundancies. This period of consultation closed on 14 August 2025 and the Trust is currently reviewing representations received and confirming outcome decisions. It is anticipated that redundancies will be confirmed by mid-September.

Resident Doctor National Industrial Action

5.4 Operational teams, medical leadership and medical staffing worked together to limit the cancellation of planned clinical care and to ensure safe staffing and patient care during a period of national industrial action from Resident Doctors. Strike action was taken from 07.00 on 25 July 2025 to 06.59 on 30 July 2025.
This was the first period of industrial action for 13 months under a new mandate of Industrial Action from the British Medical Association. Over the period of Industrial Action approximately 50% of Resident Doctors reported for duty on 25-27 July and this reduced to 45% on 28 July and 35% on 29 July.

6. Innovation and digital

Innovation

6.1 The Trust's innovation team, launched in August 2024, is building momentum towards our vision of positioning CUH as the most innovation-friendly Trust in the country. CUH is leveraging its know-how, data, estate and reputation to develop, evaluate and adopt solutions that enhance the quality, efficiency and experience of care. The team now comprises a Director and 1.8 WTE additional staff, appointed in January 2025, and is working across three core domains:

6.2 **Supporting and delivering innovation** – CUH are driving or enabling the direct implementation of a number of strategic programmes:

- Digital front door for ED – on track for a planned September 2025 go-live, subject to successful NHS streaming and redirection tool integration with Epic. This will support improved performance against the four- and twelve-hour standards, help to reduce ED demand, and enhance patient experience.
- Digital front door for Outpatients – implementation underway with 65% of specialties due to be covered by the end of 2025/26, reducing administrative burden, increasing clinic utilisation and improving patient experience by mitigating the impact of short-notice cancellations.
- Command Centre – pilot wards are going paperless with digital ward boards from July 2025, enabling improved patient flow and bed utilisation; the Transfer Centre went live in November 2024.
- Ambient voice technology – initial pilot scheduled for August 2025, aimed at improving documentation quality, clinical productivity and patient experience.
- Microsoft Copilot – licences allocated to targeted staff groups with training and evaluation in progress to realise efficiency gains in administrative workflows.

6.3 **Building technical infrastructure and capability** – CUH is establishing the enabling environment for safe, effective innovation, including:

- A secure Microsoft Azure cloud environment to support data-driven product development using high-performance computing;
- Newton's Tree AI Deployment Platform, to enable scalable, monitored deployment of AI into live care and research settings;
- A new Clinical Data Science Unit, initially funded through commercial and capital sources, to deliver repeatable data pipelines and specialist analytics in support of research and innovation.

6.4 **Embedding governance and processes –** CU has created an AI Steering Group, developed Trust-wide AI policy, evaluation frameworks and usage guidelines, revised our IP policy, and strengthened commercialisation processes. The Trust is also enhancing support offers for inventors, formalising collaboration templates, and developing communications to make innovation pathways more visible to staff and partners.

6.5 Across all these areas, the innovation team is working to connect and support CUH staff, academic partners, industry, and philanthropy to accelerate the adoption of solutions that deliver measurable improvements in quality, productivity, and patient experience.

Digital and eHospital

6.6 The Trust continues to progress work to ensure it has contracts in place for critical technologies including our electronic patient record and our outsourced IT support arrangements.

6.7 The digital team has also been focusing on how we deliver digital capabilities that can support the delivery of care and improved productivity across our health service, including:

- Following our enablement of access to the Cambridge and Peterborough Shared Care Record, CUH is now working to ensure that information from Cambridge University Hospitals is available in the solution. This will support teams across our region to provide care to patients who have been seen in our service by ensuring they have the information they need to make decisions about their care.
- CUH continues to increase our uptake of MyChart, as at 8 August 2025 310,000 patients have an active MyChart account – this means that around 73% of patients who attend an outpatient appointment have a MyChart account. In July 2025 CUH went live with functionality that sends an email to patients who do not have a MyChart account to inform that their referral has been accepted and to sign up for MyChart.
- CUH continues to lead the work for the UK on integration of the NHS App with the Epic MyChart patient portal. This will enable patients to access their information through a single sign in from the NHS App.
- Work is ongoing with general practice to identify opportunities to improve our communications with them. This includes a project to transition to electronic ordering for radiology.

- Work is ongoing with partners across our system to use OPTICA, part of the national Federated Data Platform, to support complex discharge. This is expected to improve coordination between hospital and community care providers to support patients get out of hospital and back in the community more quickly. We aim to have this implemented by the end of 2025.
- The digital team are a critical partner to the successful delivery of the innovation programmes including the digital front door for Outpatients, ED and the Command centre.

PART B

7. Strategy update

Strategy refresh

7.1 Following extensive engagement which included staff, patient groups and external partners undertaken over the past few months, the Trust has developed a new Strategy for the next five-plus years, to be presented to Board this month for review and comment. This will replace the CUH Together 2025 Strategy that has run for the past three years and which articulated a time of recovery and stabilisation following COVID.

7.2 Our new, Trust-wide Strategy provides an overarching framework for the organisation as a whole, to meet future demand. While our core vision remains the same: 'a healthier life for everyone through care, learning and research', our Strategy for delivering this has evolved. It is focused on three key areas: strengthening core operations, transforming how and where care is delivered, and improving care through research and innovation.

7.3 The new Strategy is built on refocused strategic priorities, clear commitments and a small number of core programmes. Progress against these will be supported and monitored through a five-year strategic plan and a Strategic Outcomes Framework, with regular reporting to the Board. Existing initiatives such as the acute care and outpatient strategies remain, and are designed to ensure care is more joined-up, more preventative and make smarter use of digital and data.

7.4 A detailed communications and engagement plan is being developed to formally launch and cascade the Strategy, once approved, including a structured support programme and materials that will help teams at local level turn Strategy into action.

7.5 A full outline of the proposed new Strategy is provided as a separate paper in this Board pack, for comment from the Board.

7.6 The following updates provide a brief overview on some of the core areas of focus within the new Strategy.

Neighbourhood health and integrated care

7.7 As part of our ongoing commitment to working with health and care partners across South Place and aligned to the national neighbourhood health agenda, we supported the development of an application for the first wave of the National Neighbourhood Health Implementation Programme (NNHIP). The NNHIP seeks to build on success of neighbourhood working to date and the new approaches set out in the 10 Year Health Plan. The overarching aim of the new programme is to accelerate the work that we are already undertaking and planning to do, by learning and sharing with a cohort of Place leaders from across the country.

7.8 In parallel, Cambridgeshire and Peterborough ICB have written to the Trust requesting the Trust uses its governance mechanisms to provide greater oversight at Place, in line with the existing 'hosting' arrangement, connected to the planned ICB merger.

7.9 The Trust, together with partners at Place, is continuing to develop the programme of work that will progress the Acute Care Strategy from strategy to implementation. This will provide proof of concept for the delivery of the Government's 10 Year Health Plan for England. Fundamental to the strategy is a sustainable future clinical model of care that will meet the demands of a growing and changing population. In this phase of the programme the focus will be on:

- Interventions that will have a positive impact on how and where patients access the right care when they have an emergency or urgent clinical need and, in so doing, begin to make the shift from hospital to community;
- Models of care that provide earlier specialist input into a patient's illness, thereby supporting them to remain stable for longer or avoid progression to more serious illness;
- Integrating innovative tools, technologies and treatments into care delivery; and
- Using data to identify those who need support to stay well.

Major Projects

7.10 The Cambridge Cancer Research Hospital (CCRH) programme is working closely with the New Hospitals Programme (NHP) to confirm the pathway to Full Business case submission, as a result of increased costs due to the Building Safety Act. Archaeological enabling works are now complete, and work on both the Target Operating Models (TOMs) and Clinical and Research Integration is going well.

7.11 The Cambridge Children's Hospital (CCH) has appointed Bouygues UK as its construction partner, and the Trust is now working with them to finalise our design and plans, ensuring best value for money under an initial pre-construction services agreement. Work is progressing on all other areas of the Full Business case (FBC), including how the integrated CCH will operate and be governed practically, delivering significant research and clinical benefits across the region. Work also continues on engaging widely with regional clinical providers and underrepresented communities, alongside staff engagement on thinking ahead to their future ways of working. Fundraising for the new Hospital is over halfway to its £100m target, attracting support from philanthropists in the UK and around the globe.

Genomics

7.12 The Trust is making progress in delivering the Board-approved transformation programme. This hybrid approach combines targeted automation, process improvements, and a future move to a purpose-built facility – balancing out cost, risk, and scalability for sustainable growth. The programme aims to:

- Secure the 2026 NHSE Contract, protecting vital funding and CUH's role in genomics;
- Improve turnaround times and patient outcomes through efficiency gains;
- Reduce outsourcing costs whilst increasing revenue potential; and
- Enable strategic priorities, including those for the Cancer Research and Children's hospitals, which depend on advanced genomic capacity. The programme also aims to future-proof genomic services to keep CUH at the forefront of innovation.

Research Review

7.13 CUH has undertaken a review of its capacity to support research that will deliver transformation in a changing NHS, identify Cambridge strengths that map to national priorities, and make recommendations for areas to focus on moving forward. Among its findings the research review highlighted digital research and clinical trials as important priorities for investment and development and identified the need for integration of research support across CUH and the University of Cambridge.

7.14 A new Research Review Steering Group, chaired by the CEO, has been established to oversee delivery of the review's recommendations over the next 12 months. The group will provide strategic direction and ensure coordinated progress across a focused programme of work.

7.15 Priority workstreams are being set up across key areas: data, research office, investigator-led clinical trials, commercial trials (including NHS clinical engagement), and tissue. Each workstream will bring together dedicated working groups to drive forward activities, building on existing

strengths and enabling a more integrated, efficient approach to research delivery. As the workstreams develop, resource requirements will be costed to inform future investment planning and proposals.

8. Improvement and transformation

8.1 The improvement and transformation team's primary focus is supporting the delivery of the Trust's productivity and cost out initiatives to achieve the Trust's target of a minimum £91m in efficiencies and productivity by April 2026. The team are divisionally and corporately aligned to support the scoping, planning, implementation and benefits capture of schemes. Year to date delivery of division and corporate efficiency schemes at Month 4 was £14.6m against a £15.8m phased plan. The position on identifying efficiency savings by divisions and corporate teams currently stands at £49.9m which is 79% of the £63.4m efficiency target.

8.2 The transformation function of the team continues to work alongside specialty teams on specific transformation projects that will drive productivity and efficiency benefits, including:

- Divisional high priority productivity initiatives spanning theatre productivity, length of stay reduction and pathology/outpatients demand management.
- Outpatients' transformation – focusing support on clinic optimisation and referral and triage optimisation including the use of advice and guidance opportunities to manage outpatient demand and waiting lists.
- Procurement of the Verto digital project management tool, which will assist clinical and corporate divisions with schemes related to the Productivity and Efficiency Programme. Implementation planning is in progress to enable scaling of the tool to 100 users across the Trust from Quarter 3 of financial year 2025/26.

8.3 The Improvement function of the team is predominantly focusing its support to the Productivity and Efficiency Programme. However, the team are continuing to develop a refreshed Improvement Strategy that will align with the Trust's refreshed 5-year strategy and delivering ad hoc improvement training.

9. Recommendation

9.1 The Council of Governors is asked to note the contents of the report.






NHS
Cambridge University Hospitals
NHS Foundation Trust










Integrated Report

Quality, Performance, Finance and Workforce to end July 25

Chief Finance Officer
Chief Nurse
Chief Operating Officer
Chief People Officer
Chief Medical Officer

Report compiled: 31 August 2025

Key

NHS
Cambridge University Hospitals
NHS Foundation Trust

Data variation indicators


Normal variance - all points within control limits



Negative special cause variation above the mean



Negative special cause variation below the mean



Positive special cause variation above the mean



Positive special cause variation below the mean

Target status indicators



Target has been and statistically is consistently likely to be achieved



Target failed and statistically will consistently not be achieved



Target falls within control limits and will achieve and fail at random

Rule trigger indicators

SP	One or more data points outside the control limits
R7	Run of 7 consecutive points; H = increasing, L = decreasing
S7	shift of 7 consecutive points above or below the mean; H = above, L = below

Quality Account Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

Measure	Performance Standards	Previous Month-1	Previous Month	In Month Actual	Target	Target due by	FYtD	Average Performance 24/25	Variance	Target Status
		May-25	Jun-25	Jul-25						
Safe	Nutrition screening compliance for admitted patients	92.4%	92.6%	92.4%	≥90%	Mar-26	92.5%	85.9%	H	F
	Hospital acquired pressure ulcers (category 2 +) per 1000 bed days	75.4%	102.2%	74.2%	≤0.395 per 1,000 bed days	Mar-26	81.1%	87.5%		?
	Women reviewed by midwife for Initial Triage within 15 Minutes of arrival	80.0%	77.1%	80.8%	0.85	Mar-26	N/A	N/A		
	Women reviewed by obstetrician within required timeframe based on initial RAG rating	77.0%	73.6%	81.1%	0.85	Mar-26	N/A	N/A		
Patient Experience / Caring	Responses to service user complaints are within agreed time frames	47.0%	40.3%	37.2%	0.80	Mar-26	44.9%	56.7%		
	Dementia Care -Percentage of admitted patients with completion of "What's Important for Me" where diagnosis of dementia is established.	35.3%	29.1%	27.9%	0.50	Mar-26	33.0%	28.1%		
Effective / Responsive	Locally reported SDEC (same day emergency care) activity as a % of emergency activity	26.5%	26.0%	27.4%	0.30	Mar-26	26.7%	25.0%		
	>12hr waits in ED (type 1)	7.5%	7.4%	9.9%	TBC	Mar-26	8.1%	12.4%		
	Waiting times for first Outpatient appointment (RTT)	59.4%	60.2%	60.9%	0.61	Jul-25	60.2%	63.8%		
	Inpatient Bed Occupancy (KH03 Definition - monthly)	88.2%	87.4%	88.6%	0.93	Mar-26	87.6%	87.9%		
Improving Outcomes	Smoking Cessation – Number of Inpatient referrals for acute admissions (excl. elective and Maternity)	32	37	57	>35 / month	Mar-26	157	68		
	Smoking Cessation – Number of 28 day confirmed quits (last 3 months)	24	37	34	20% at year end	Mar-26	120	56		
		2021	Annual 2022	2023						
Safety, Culture & Well Led	Morale Indicator: I feel secure about raising concerns about unsafe clinical practice.	76%	71%	70%	78%	Mar-26				

Quality Summary Indicators

NHS
Cambridge University Hospitals
NHS Foundation Trust

Point of delivery	Performance Standards	Previous Month-1	Previous Month	In Month Actual	Target	Target due by	FYtD	Average Performance 24/25	Variance	Target Status
		May 25	Jun 25	Jul 25						
Infection Control	Total MRSA Bacteraemia (hospital onset cases)	0	1	0	0	Mar-26	1	0		
	Total Avoidable MRSA Bacteraemia (hospital onset)	0	0	0	0	Mar-26	0	0		
	E.coli Bacteraemias (Total Cases)	39	36	26	TBC	Mar-26	133	36		
	C. difficile Infection (hospital onset and COHA cases) or C. difficile Infection (hospital onset)	12	9	12	<=134 cases (HOHA and COHA).	Mar-26	42	10		
	Hand Hygiene Compliance	92.6%	94.8%	93.8%	95.0%	Mar-26	93.6%	93.0%		
Nursing Quality Metrics	Blood Administration Patient Scanning	100.0%	99.9%	99.9%	90.0%	Jul-25	99.9%	99.9%		
	Blood Administration Product Scanning	99.4%	99.1%	99.1%	90.0%	Jul-25	99.3%	97.6%		
	Moving & Handling	89.9%	91.0%	89.8%	90.0%	Jul-25	90.2%	84.1%		
	Nurse Rounding	99.6%	99.6%	99.5%	90.0%	Jul-25	99.6%	99.5%		
	Pain score	91.4%	91.7%	91.5%	90.0%	Jul-25	91.5%	83.6%		
	MEOWS Score Recording	88.6%	86.2%	86.6%	90.0%	Jul-25	86.9%	87.1%		
	PEWS Score Recording	95.4%	94.2%	94.0%	90.0%	Jul-25	94.2%	97.7%		
	NEWS Score Recording	98.5%	98.3%	98.5%	90.0%	Jul-25	98.4%	98.3%		
	VIP Score Recording	96.1%	96.7%	95.1%	90.0%	Jul-25	96.0%	91.3%		
	PIP Score Recording	90.1%	83.3%	89.8%	90.0%	Jul-25	87.5%	87.6%		
Patient Experience	Mixed sex accommodation breaches	33	35	41	0	Jul-25	155	36		

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

Point of delivery	Performance Standards	SPC variance	In Month Actual	In Month plan	Target	Target due by	Page
Urgent & Emergency Care	4hr performance	Normal variation	74.2%	71.7%	78.0%	Mar-26	**Page 15**
	12hr waits in ED (type 1)	Normal variation	9.9%	-	-	-	
	Ambulance handovers <15mins	Positive special cause variation	83.7%	-	65.0%	Immediate	
	Ambulance handovers <30mins	Normal variation	96.6%	-	95.0%	Immediate	**Page 16**
	Ambulance handovers < 45mins	Normal variation	97.7%	-	100.0%	Immediate	
Cancer	Cancer patients < 62 days	Normal variation	72.4%	74.3%	70.0%	Immediate	**Page 22**
	28 day faster diagnosis standard	Normal variation	75.9%	81.4%	75.0%	Immediate	**Page 21**
Outpatients	First outpatients vs plan (consultant led)		93.4%	-	-	-	**Page 23**
	Follow-up outpatients (consultant led)		94.6%	-	-	-	**Page 24**
	Advice and Guidance Requests	Normal variation	12.1%	-	-	Mar-26	
	Patients moved / discharged to PIFU	Positive special cause variation	6.8%	5.3%	6.8%	Mar-26	**Page 25**
RTT Waiting List	RTT Patients < 18 wks for first treatment	Normal variation	58.5%	58.4%	-	-	**Page 15**
	RTT Patients < 18 wks for first appointment	Negative special cause variation	60.9%	61.1%	-	-	**Page 20**
	RTT Patients waiting > 52 weeks	Negative special cause variation	4.0%	2.7%	-	-	**Page 19**
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Normal variation	8.4	-	-	-	
	Long stay patients (>21 LoS)	Normal variation	207.8	-	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	5.4	-	-	-	
	Discharges before noon	Positive special cause variation	19.4%	-	-	-	
	Theatre sessions used (Elective)	Normal variation	90.6%	-	-	-	
	In session theatre utilisation	Positive special cause variation	81.0%	85.0%	85.0%	-	**Page 28**
	Virtual Outpatient Attendances	Normal variation	20.5%	-	-	-	
	BADS Daycase + OP Rate (local)	Normal variation	87.6%	85.0%	-	-	**Page 29**

Author(s): Various **Owner(s): Nick Kirby**

Patient Safety Incidents (PSIs)

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Threshold	Jul-25	Average (Aug-22 - Jul-25)	Variance	Special causes	Comments
Number of **patient safety incidents**	-	1850	1681		-	There is currently normal variance. In July 2025, the highest category type was Medication which remains within normal variance, there were no moderate harm or above medication incidents.
Rate of patient safety incidents **per 1,000 admissions**	-	95.5	95.6		-	There was normal variation in the rate of patient incidents per 1,000 admissions in July. There were 19,366 admissions and 1,850 incidents affecting patients at time of reporting.
Rate of patient safety incidents resulting in **moderate harm or above**	≤2%	1.3%	2.0%		-	There is currently normal variance across the Trust and in all Divisions. Division D at 2.2% was slightly over the 2% threshold. In July 2025 there were 17 PSIs graded moderate harm, 5 x severe and 2 x death.
Number of patient safety incidents moderate harm and above where **Learning Response not commissioned within 14 days** of reporting	0	11	9		-	Of the 11 moderate harm or above incidents awaiting a learning response, 72% (8/11) were Division D records.
Number of patient safety incidents with moderate harm or above **open after 60 days**	0	38	31		-	Of the 38 moderate or above patient safety incidents overdue, two incidents are now overdue by more than a year; INC3095 - Division E and INC4889 - Division B.

Patient safety incidents (PSIs) - July 2025

There were: 5 x severe (2 x fall, 1 x deteriorating patient, 1 x treatment delay and 1 x imaging error) and 2 x deaths (potential hospital-acquired malaria and a treatment delay for ruptured cerebral aneurysm). Incident Management team (IMT) in operation to support the management and investigation of the malaria case; supported by national experts.

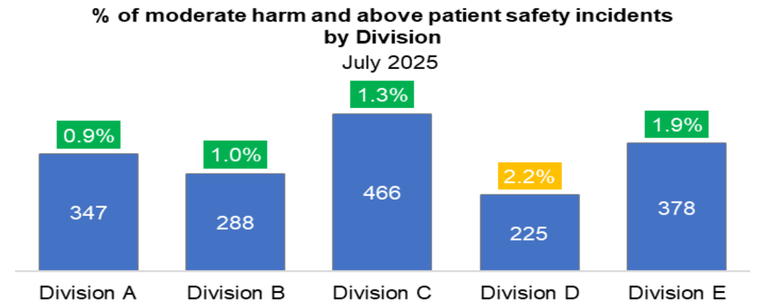
The divisional PSI reporting and harm are shown in the graphs on the right.

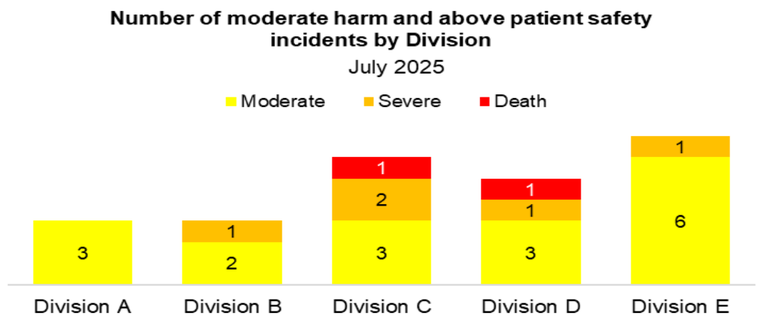
Patient safety incident investigations (PSIIs)

We currently have **four** open PSIIs. No new commissioned since April 2025.

All four are off track but recovery plans in place for completion of PSII reports:

- Lost to follow up/MDT - due 22.07.29
- COPD pathway - due 23.09.25
- Placental abruption - due 23.09.25
- Oesophagectomy & PE - start delayed until August 2025





Author: Jane Nicholson **Owner: Darren Darby**

Duty of Candour (DOC)

NHS
Cambridge University Hospitals
NHS Foundation Trust

Summary

At time of reporting, there were 26 (last month 20) overdue cases of Duty of Candour **stage 1:**

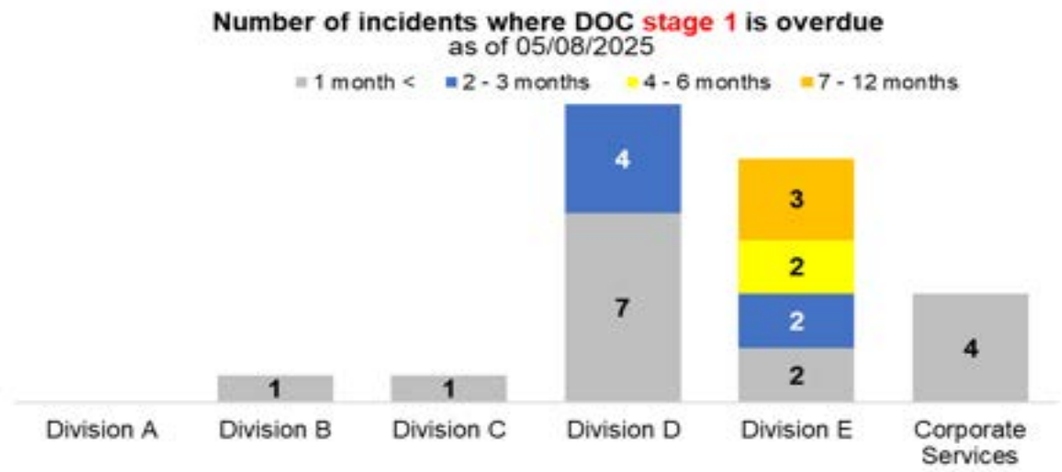
- 15 were overdue **by one month or less**
6 overdue **by 2 - 3 months**
2 overdue **by 4 - 6 months**
3 overdue by **7-12 months**

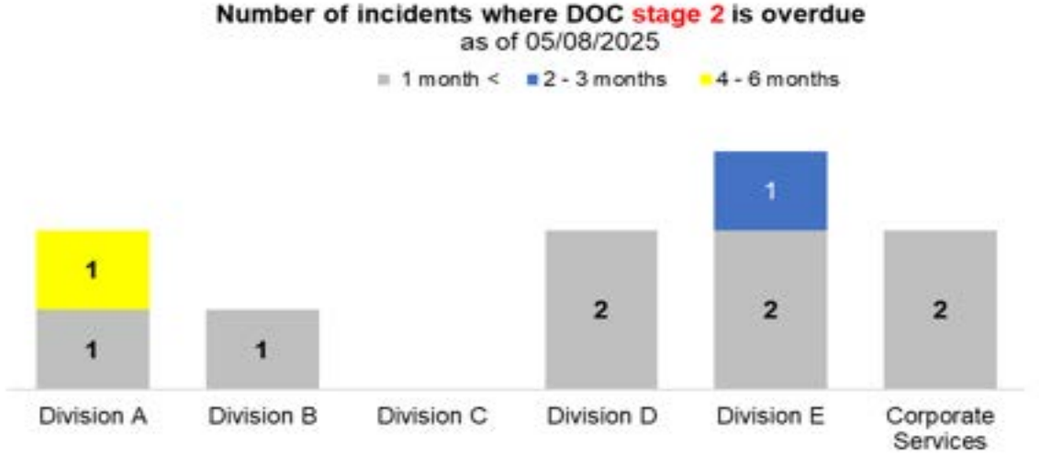
A breakdown by Divisions can be seen in the graph to the right.

One of the two **corporate** incidents has been reassigned to Division B since reporting. **Division E** - the four overdue by >4 months are related to the Orthopaedic incident and have been completed.

There were 10 (last month four) overdue cases of Duty of Candour **stage 2**.

The corporate patient safety team continue to work with divisions to ensure accurate recording of requirements, and addressing outstanding all Duty of Candour.





Stage 1 is notifying the patient (or family) of the incident and sending a DOC stage 1 letter.
Stage 2 is sharing of the relevant investigation findings (where the patient has requested this response) once closed.

Author: Jane Nicholson **Owner: Darren Darby**

Falls

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Target	Jul-25	Average (Aug 22 - Jul 25)	Variance	Special causes	Target status	Comments
Number of **patient falls**	–	180	167		-	-	The Trust, including all Divisions, are within normal variance.
Rate of patient falls per **1,000 bed days**	3.25	3.74	3.57		-	?	There is normal variance in the rate of patient falls per 1,000 bed days. Divisions are all within the normal variance.
Rate of patient falls resulting in **moderate harm** or above	–	2.2%	2.7%		-	-	In July 2025, there were four falls resulting in moderate harm or above, corresponding to a rate of 2.2% (equivalent to 0.11 moderate falls per 1,000 bed days). Two of these incidents were moderate: one in Division A (Orthopaedics) and one in Division C (Thoracic Medicine), while the other two were severe and occurred in Division C (Nephrology).
Falls risk screening compliance within 12 hours of admission	≥90%	96.2%	90.5%	H	SP	?	The Trust met the target in July 2025 and for the last 14 months. Only four wards did not meet the target - C5 (87%), F5 (83%), Sdec Sau (71%) and Oir Recovery (67%)
Percentage of inpatients aged 65 years and over with a **LSBP recorded**	≥90%	24.1%	19.9%	H	Shift	F	Whilst there has been a statistical improvement in the last 15 months (shift), compliance with the lying and standing (LSBP) compliance metric is low.

Summary

The trust was above the target at 3.74 per 1000 bed days although the number of falls is in normal variance.

The rate of moderate harm and above patient falls remains in normal variance (2.2% in July). In July there were to 4 moderate and above harm incidents; investigation processes are underway.

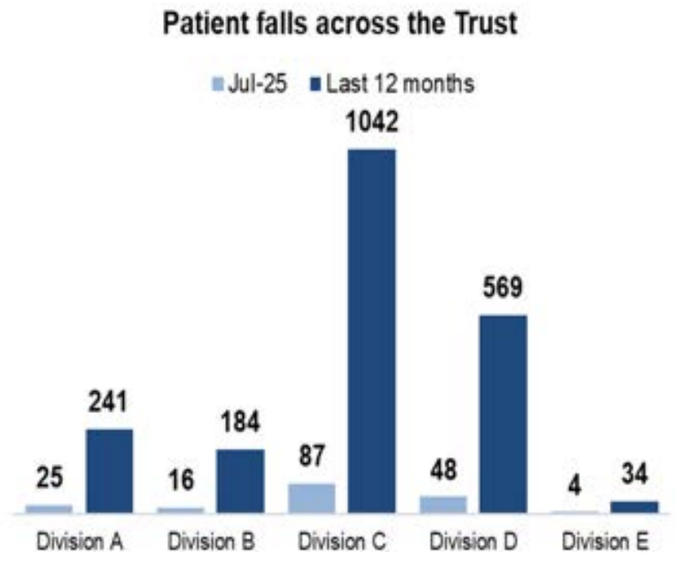
In July, the Trust was compliant with the falls risk assessment (96.2%). Only four wards did not meet the target - C5 (87%), F5 (83%), Sdec Sau (71%) and Oir Recovery (67%).

QI update

The falls learning response changes that commenced in May 2025 are now embedded in practice with > 15 detailed Falls Audits and Multi Professional Round Tables (MPRT) conducted. Next, work is underway to ensure this process is working well, alongside extracting the learning from these processes to be shared via the monthly Falls Harm Free Care meeting, driving Quality Improvement with the aim of reducing avoidable harm.

Although our Nursing Quality Metrics for Falls Risk Assessments (admission and weekly or with condition change thereafter) are within the required target range, we see that there is a gap in how the risk assessment translates to planned and delivered care. The new format Quality Rounds that are being launched during Autumn 2025 across CUH has specific Falls - Harm free Care questions and that aim to monitor how assessed care is delivered, taking action to address gaps on the reviewed patients and to highlight wider areas in need of focus.

Other activities planned include a Falls Champions Study day in September, work with Medical and Advanced Nurse Practitioner colleagues to strengthen documentation of 'post falls assessment', driving use of the Bed Rails Assessment matrix to assist with the decision making process by Registered Nurses, Guidance on the use of Ultralow beds, cautions when having curtains drawn overnight and patient safety and ongoing work to improve Lying and Standing Blood Pressure compliance. Each area is linked to early themes from MPRTs. September is Falls awareness month and we will be marking this date by raising Falls Prevention awareness via a stand in the concourse and Focus Friday that will look at a priority area to be agreed by the Harm Free care Group.



Author(s): Vicky Carr **Owner(s): Darren Darby**

Hospital-acquired tissue damage

NHS Cambridge University Hospitals NHS Foundation Trust

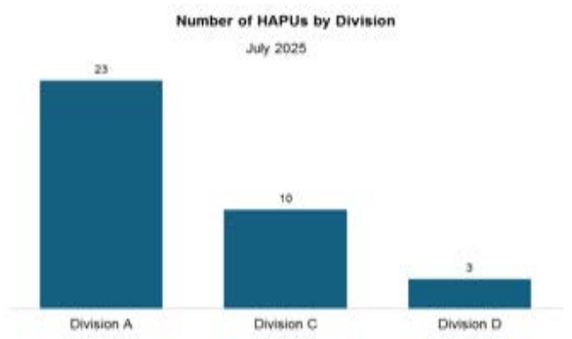
Indicator	Target	Jul-25	Average (Aug-22 - Jul-25)	Variance	Special causes	Target status	Comments
All hospital-acquired pressure ulcers (HAPUs)	-	36	41		-	-	The Trust, and all Divisions other than C, are within normal variance. Division C has shown a statistical decrease for the last 7 months since Jan 2025.
Category 2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs	-	29	30		-	-	Whilst in normal variance, in July 2025 there were 16 x category 2, 3 x category 3, 3 x mucosal, 5 x suspected deep tissue injuries and 2 x unstageable HAPUs.
Category 2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs by **1,000 bed days**	≤0.395	0.74	0.80		-	?	Rate of HAPUs category 2 and above per 1000 bed days remains within normal variance and there has been no statistical shift towards achieving the target.
Medical device related HAPUs	-	19	15		-	-	The Trust, and all Divisions are within normal variance. 84% (16/19) device related HAPUs occurred in Division A.
Pressure Ulcer screening **risk assessment** compliance	≥90%	93.1%	84%	H	Shift	?	The Trust and all Divisions other than E met the target again in July 2025. There has been a continued significant increase in the last 7 months in the Trust and Division D and E, and 8 months in Division B.
Hospital-acquired **moisture lesions**	-	30	24	H	Shift	-	The Trust has seen a statistical increase in the last nine months. All Divisions are within normal variance. 50% (15/30) moisture lesions occurred in Division A.

Summary

The number of HAPUs, and rate of HAPUs per 1000 bed days across for the Trust are within normal variance, including total numbers per division – with the exception of Division C which has seen a statistically significant decrease in the past 7 months – and category 2 and above in July 2025.
Of the 36 HAPUs; 7 x category 1, 16 category 2, 3 x category 3, 0 x category 4, 3 x mucosal, 5 x SDTI and 2 unstageable. The highest reported body location of HAPUs in July 2025 remained on the Heel (10), those classified as 'Other' (8), and Sacrum (6), nose (3), and ear (3). The Datix category 'other' body location had 8 reported incidents in July and includes arm, hand, lips, and under knee HAPUs. This is within normal variation.
In July, of the 19 x device-related HAPUs; 16 x occurred in Division A and 3 were in Division C. Most devices were classed as 'other' (8) and mask/tubing (4). There was a decrease in the number of Moisture Lesions (30) in July with most occurring in Division A (15), 29/30 are reported to be related to 'Continence', which is a HFC priority area for the trust. There is a slight improvement in PU risk assessment screening for the trust overall, Division E was not compliant.

QI update

The revised format Harm Free Care (HFC) meeting has continued since May 2025 which has strengthened divisional representation and improved visibility of clinical area data to enable QI priorities to be identified. Although the Nursing Quality Metrics for PU Risk Assessments (admission and weekly or with change in condition thereafter) are within the target range, there is a gap in how the risk assessment is utilised to guide patient care. The new format monthly Quality Round being launched in Autumn 2025 has specific HAPU – Harm free Care questions that aim to monitor how assessed care is delivered. The assessor is required to take immediate action where necessary and more broadly, themes and trends will be monitored via the harm free Care group to help guide QI priorities with the aim of reducing avoidable harm to patients. - The Tissue Viability Lead is working with divisional representatives via the Harm free care meeting to identify gaps in adherence to the Tissue Viability Referrals Pathway. The team are seeing a number of inappropriate referrals that take time to assess prior to redirecting to the correct service, time that can be used more effectively in seeing patients in need of the TVN service. - Divisional representatives working to consistently improve their use of Sliding Sheets, thought to be a factor in the number of heel and sacral HAPUs. This will be discussed in the next Harm Free Care group alongside the most recent divisional incident reporting figures.



Author(s): Vicky Carr **Owner: Darren Darby**

Sepsis

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Sample size	Target	Jul-25	Average (Aug-22 - Jul-25)	Variance	Special causes	Target status	Comments
Sepsis Six Bundle delivered within 60 mins from the time the patient triggers Sepsis (NEWS >5) - **Emergency Department**	*(n=25)*	≥95%	70.3%	86.9%		-		70.3% of the bundle was compliant in having been delivered in 60 minutes in July 2025. There is normal variance in compliance.
Antibiotics administered within 60 mins from the time the patient triggers Sepsis (NEWS >5) - **Emergency Department**	*(n=25)*	≥95%	57.1%	69.3%		-		57.1% of patients audited in July had antibiotics administered within 60 minutes. There is normal variance in compliance.
Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS>5) - **Inpatient wards**	*(n=12)*	≥95%	53.6%	78.7%		-		53.6% of the bundle was compliant in having been delivered in 60 minutes in July 2025. There is normal variance in compliance.
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS >5) - **Inpatient wards**	*(n=12)*	≥95%	27.3%	76.4%		-		27.3% of patients audited in July 2025 had antibiotics administered within 60 minutes.
Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (temp) - **Maternity**	*(n=10)*	≥95%	85.7%	62.5%		-		In July 2025, 85.7% of the sepsis bundle was delivered within 60 minutes. There is normal variance in compliance.
Antibiotics administered within 60 mins from time patient triggers Sepsis (temp) - **Maternity**	*(n=10)*	≥95%	60.0%	58.7%		-		60.0 % of patients audited in July 2025 had antibiotics administered within 60 minutes. After a continued statistically significant decrease with this metric in the previous 14 months, there is normal variance in compliance.

Key Strengths

The Sepsis Six Bundle was delivered within 60 minutes in 53.6% of inpatient cases (n=12), with 27.3% receiving antibiotics within target timeframes. There was only one patient safety incident reported in July related to Sepsis and was graded no harm.

Improvement Measures in Progress

Engagement with the EPIC build team has advanced development of a maternity-specific sepsis order set and wider integration into the real-time dashboard. 1st full year of junior doctor sepsis teaching programme completed. Larger sample size achieved with new EPIC monitoring and movement away from CHEQS - further cycles will yield more numbers. Maternity QI Taskforce - A dedicated taskforce has been established with clinical, pharmacy, midwifery, and informatics leadership to drive improvements in early recognition, escalation, and antibiotic delivery.
ED QI taskforce - A taskforce has been developed to identify why there are areas of non-compliance, this is in diagnostic phase with diagnostic report due in September. Areas of improvement have been identifies and an improvement plan will be drafted. ED Bundle Education: Targeted educational initiatives are being reinforced in ED to improve triage accuracy, bundle compliance, and rapid antimicrobial access

Learning from incidents and Structured Judgement Reviews - All cases exceeding 60 minutes to antibiotic are being reviewed monthly to identify avoidable delays and systemic issues.

VTE

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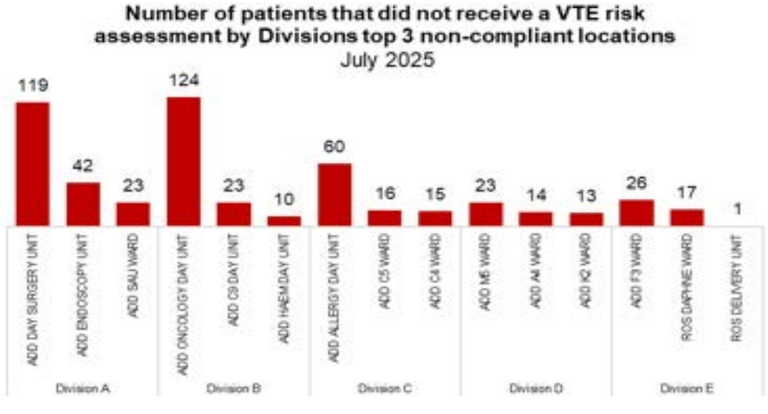
Indicator	Target	Jul-25	Average (Aug-22 - Jul-25)	Variance	Special causes	Target status	Comments
Number of hospital associated venous thrombosis (HATS) case reviews at CUH	-	32	27		-	-	The Trust and all Divisions are within normal variation. No cases were judged to be avoidable upon review in July 2025.
VTE % compliance of patients admitted to CUH who have been risk assessed	≥95%	95.4%	95.2%		-	?	The Trust met the target in July 2025, and is currently within normal variance.
VTE % compliance of patients admitted to Division A wards who have been risk assessed	≥95%	92.7%	91.8%		-	F	Currently within normal variance, however statistically unlikely to meet target. The location with the highest number of non-compliant cases was Day Surgery Unit. 13% (119/928) of patients who attended day surgery unit were not risk assessed.
VTE % compliance of patients admitted to Division B wards who have been risk assessed	≥95%	94.8%	94.8%		-	?	The compliance target was not met in July, and the Division is currently in normal variance. The location with the highest number of non-compliant cases remains the Oncology Day Unit (includes CAU).
VTE % compliance of patients admitted to Division C wards who have been risk assessed	≥95%	97.8%	97.9%		-	P	Division C is within normal variance and consistently meeting the target. The location with the highest number of non-compliant cases remains the Allergy Day Unit.
VTE % compliance of patients admitted to Division D wards who have been risk assessed	≥95%	91.9%	91.7%		-	F	Currently within normal variance, but did not meet target in July and statistically unlikely to meet target. The location with the highest number of non-compliant cases is Ward M5.
VTE % compliance of patients admitted to Division E wards who have been risk assessed	≥95%	94.8%	93.6%	H	Shift	?	There has been a statistically significant improvement over the past 14 months, but to note, this metric excludes antenatal requirements (1 assessment at any point during admission). Division E did not meet the target in July, and compliance for paediatric patients aged 16-17 years was 17.6%.

Summary

The VTE quality improvement group have agreed a series of actions to support compliance with the Trust policy. Unfortunately, this work has not progressed due to capacity within the teams involved. This includes:

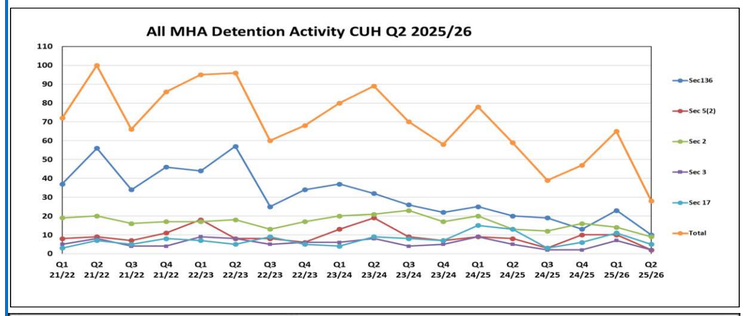
- Policy update (underway)
- a ‘re-set’ of group approved procedures (update now with Epic team)
- improve information patients receive about the risk of blood clots prior to elective admission (via admission letters) and at discharge (via After Visit Summary) (in process).

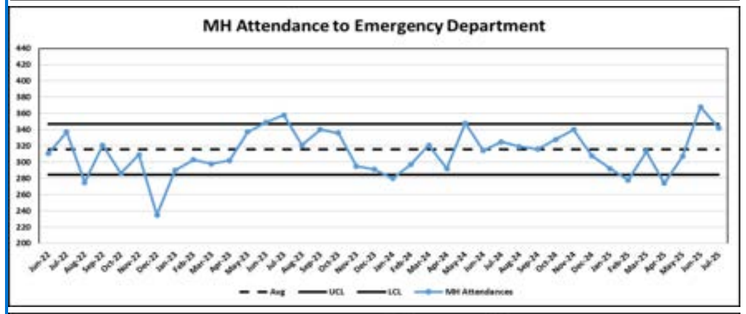
Division	No. admissions	% risk assessed	No. HATs assessed
A	3837	92.7%	12
B	3418	94.8%	0
C	7888	97.8%	13
D	1710	91.9%	6
E	866	94.8%	1
Trust	17719	95.4%	32

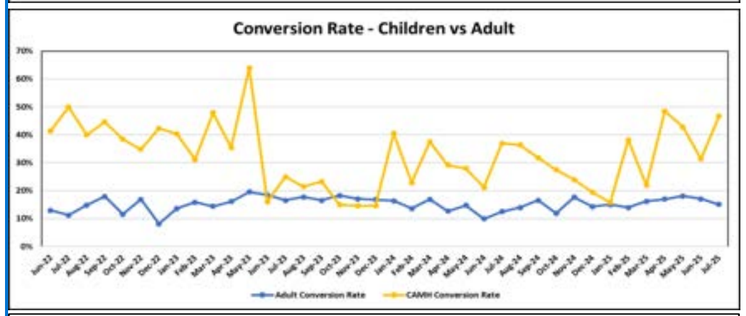


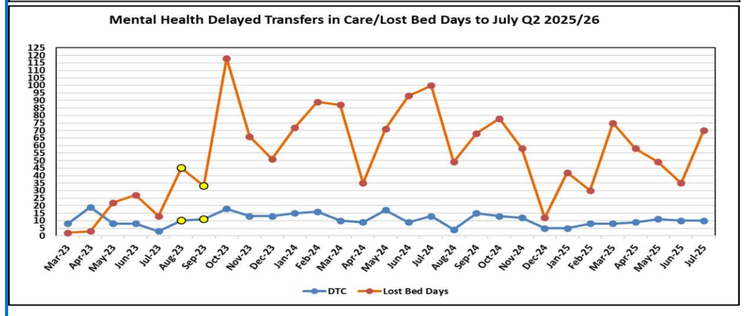
Mental Health - Q2 July 2025/26

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Q2 July 2025/26

- Mental Health Act (MHA) activity at CUH in July Q2 25/26 was high, notably with the use of section 2 MHA (9) and patients presenting under section 136 MHA to the CUH Emergency Department (10).
- Of the 10 presentations of Section 136 MHA to the Emergency Department (ED) in July Q2 2025/26.
  - 6 (60%) were rescinded.
  - 2 (20%) were transferred to an alternative place of safety.
  - 1 (10%) was sectioned to another hospital.
  - 1 (10%) was converted to another section at CUH.
- The number of mental health patients presenting to the ED in July Q2 2025/26 has seen a decrease over June levels, bringing presentation back within the upper control limit.
- The average length of stay in ED for July Q2 for adult mental health patients increased by 29% while CAMH length of stay decreased by 52%.
- Q1 saw an increase of 15% in 'attendance to admission' conversion rates for CAMH patients, while adults decreased by 2%.
- Self harm represents the significant majority for CAMH attendance to CUH ED and remains the main reason for conversion to admission at CUH of that cohort admitted.
- Of the CAMH patients admitted to CUH, self harm represented 30% of 'rationale for admission'.

Delays in transfer of care (DTC) and lost bed days/ Mental Health Trusts

- In July Q1 there were 10 new delayed transfers of care (DTC) to mental health inpatient care, with 70 acute bed days lost at CUH.
- These patients, were waiting for a bed across 6 mental health trusts, with the local provider having the expected highest levels of new delayed transfers of care.

Month	New acceptances	Pre-existing acceptances	Lost bed days	Receiving Trust
	10	**1**	**70**	
Jul 2025	6	0	22	CPFT
Jul 2025	1	0	9	Essex Partnership
Jul 2025	0	1	31	Hertfordshire Partnership
Jul 2025	1	0	2	Leicestershire Partnership
Jul 2025	1	0	4	Norfolk and Suffolk
Jul 2025	1	0	2	South London and Mauds…

Month	New acceptances	Pre-existing acceptances	Lost bed days	Accepting provider
	10	**1**	**70**	
Jul 2025	3	0	8	Adult Bed
Jul 2025	1	1	33	Camhs Bed
Jul 2025	5	0	28	Older Adult Bed
Jul 2025	1	0	1	Older Adult Team

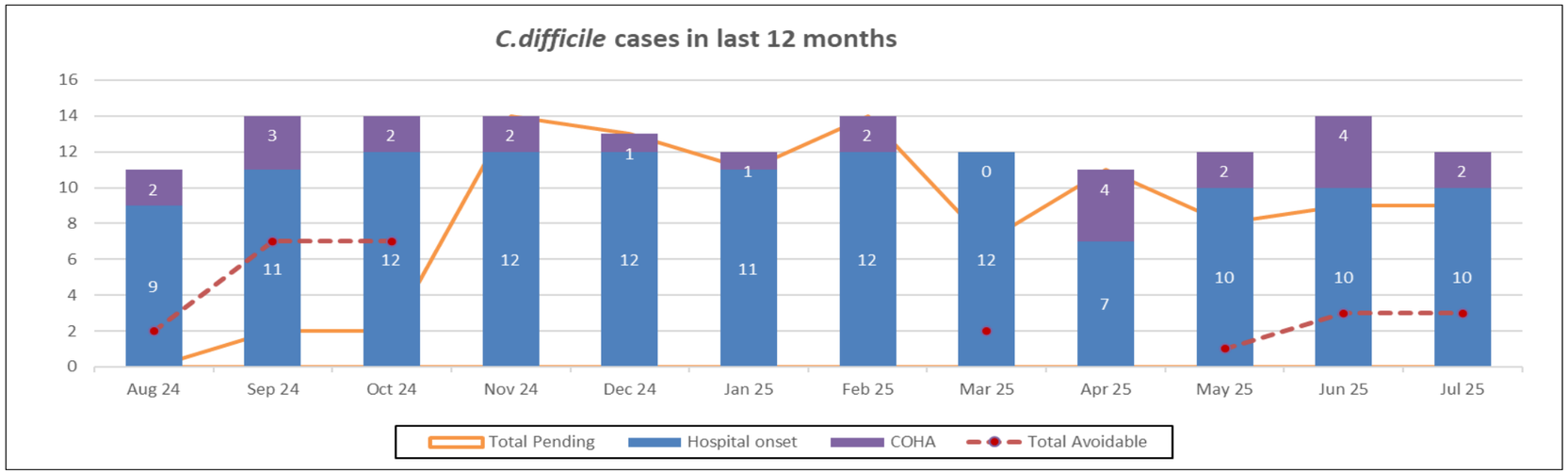
Ongoing Work

- Demand for internal training and education around mental health has been high with the monthly CUH mental health study day being well booked in advance. This reflects CUH staff motivation to ensure we are meeting our patients wider care needs. The mental health team is currently analysing demand for increased provision.
- Work with wider system partners continues to refine broadly agreed care pathways for patients with severe eating disorders. This is a complex and vulnerable patient cohort, against backdrop of community eating disorder services that have been reviewed and reorganised.
- CUH is reviewing the incident reporting process for incidents specifically related to mental health, with a view to improve the quality of reporting and to be able to improve identification of opportunities for quality and safety improvement.

Author(s): Kevin Rowland Owner(s): Lorraine Szeremeta

Infection Control

Cambridge University Hospitals NHS Foundation Trust



* COHA - community onset healthcare associated = cases that occur in the community when the patient has been an inpatient in the Trust reporting the case in the previous four weeks

CUH trend analysis

MRSA bacteraemia ceiling for 2025/2026 has been set at 0 avoidable cases.
- 0 cases of hospital onset MRSA bacteraemia in July 2025.
- 1 case of hospital onset MRSA bacteraemia year to date (1 unavoidable case)

C. difficile ceiling for 2025/2026 has been set at 134 cases (HOHA and COHA).
- 10 cases of hospital onset *C difficile* and 2 COHA cases in July 2025.
- 37 hospital onset cases and 12 COHA cases year to date (9 cases unavoidable, 7 cases avoidable, 33 cases pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 73.7% in July 2025 (73.9% in June 2025).
- The latest MRSA bacteraemia rate comparative data (12 months to June 2025) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

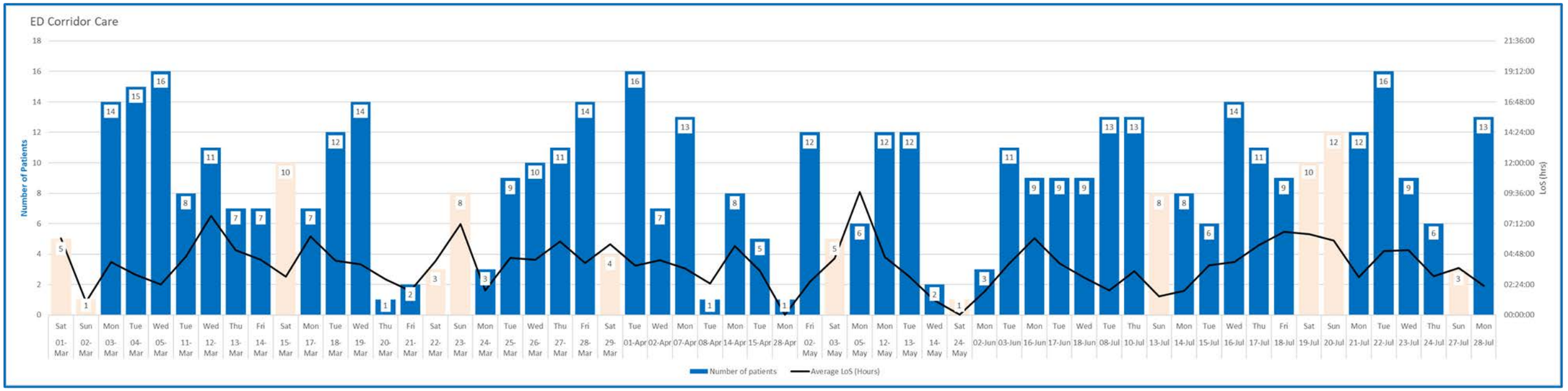
- Compliance with the *C. difficile* care bundle was 83.3% in July . (94.4% in June)

- The latest *C. difficile* rate comparative data (12 months to June 2025) put the Trust 10th out of 10 in the Shelford Group of teaching hospitals.

ED corridor care data

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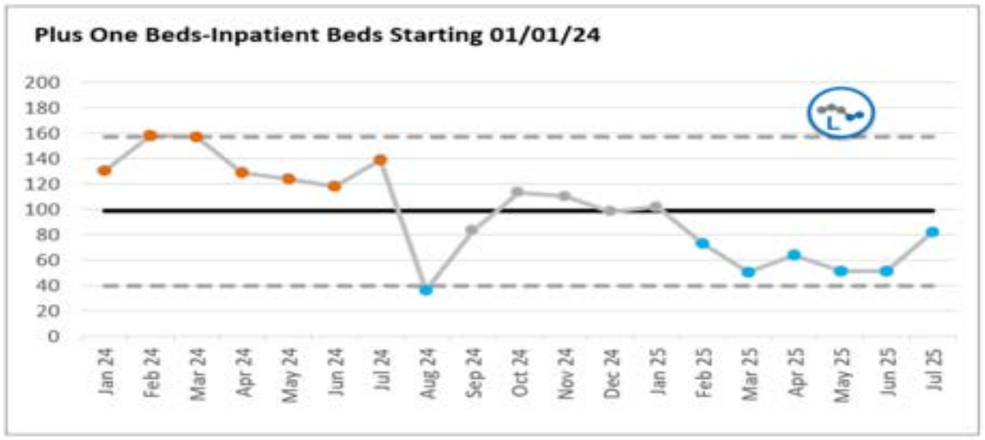
Date	Number of patients (Corridor Care)	LoS (hrs)	Incidents	No Harm	Low Harm	Complaints /concerns
Mar 25	192	04:27:30	0	0	0	0
Apr 25	51	03:59:26	0	0	0	0
May 25	50	04:06:16	0	0	0	0
Jun 25	41	04:05:18	0	0	0	0
Jul 25	163	04:00:46	0	0	0	0



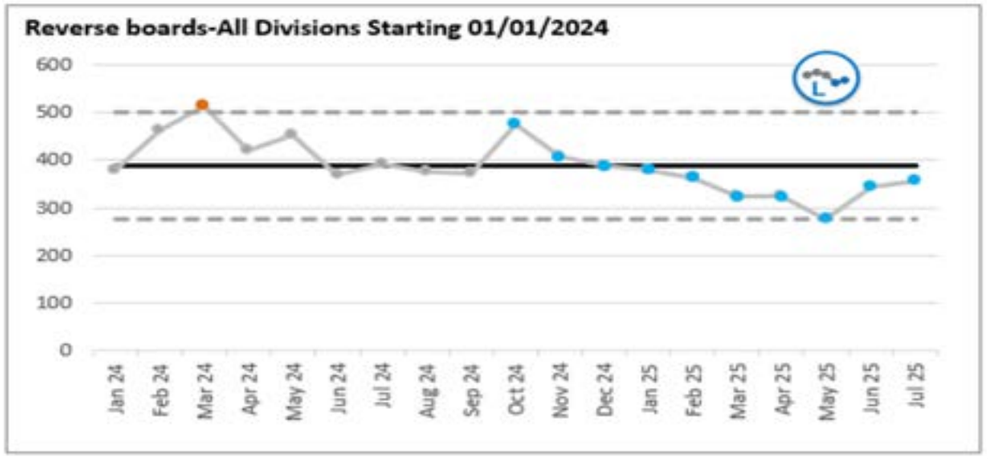
ED Corridor Care – An area within the Emergency Department where clinical care is delivered but is not designed for that purpose

Reverse Boarding / Plus one bed usage

Cambridge University Hospitals NHS Foundation Trust



Date	Number of Plus One beds used	Incidents	No Harm	Low Harm
Jul 24	139	12	12	0
Aug 24	36	4	4	0
Sep 24	83	9	9	0
Oct 24	113	21	0	0
Nov 24	110	10	0	0
Dec 24	98	28	0	0
Jan 25	102	1	1	0
Feb 25	73	13	0	0
Mar 25	50	9	0	0
Apr-25	64	4	4	0
May-25	51	0	0	0
Jun-25	51	6	0	0
Jul-25	82	30	2 under review	0



Date	Number of patients Reverse Boarded on inpatient wards	Incidents	No Harm	Low Harm
Jul 24	392	1	1	0
Aug 24	375	0	0	0
Sep 24	374	0	0	0
Oct 24	476	0	0	0
Nov 24	407	0	0	0
Dec 24	387	0	0	0
Jan 25	378	1	1	0
Feb 25	364	5	4	1
Mar 25	323	0	0	0
Apr 25	324	2	2	0
May 25	277	0	0	0
Jun-25	344	0	0	0
Jul-25	358	0	0	0

Plus ones – the placement of one additional bed in a defined clinical area for a patient above the areas normal capacity. It is expected that the patient will remain in this bed overnight
Reverse Boarding – the practice of moving a clinically stable patient from the bed space to a suitable area on the ward. This may be in a bed or chair in a dayroom or corridor to allow for a new patient admission, usually from the Emergency Department/assessment areas.

Author(s): Louise Maris **Owner(s): Lorraine Szeremeta**

4HR Performance

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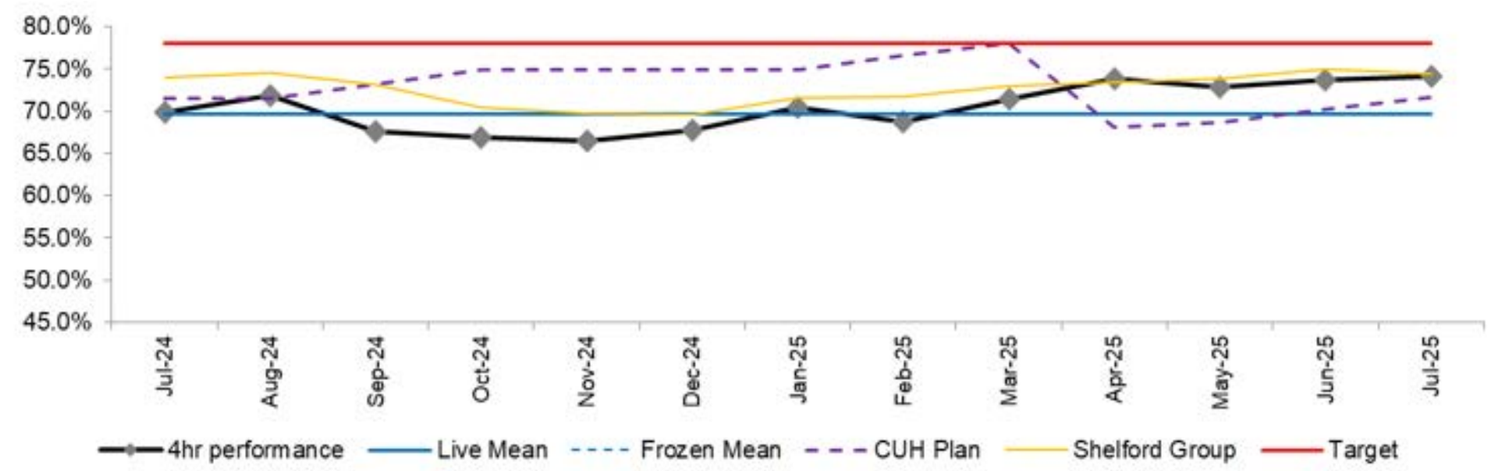
Jul-25	Plan
74.2%	71.7%

SPC Variance
Normal variation

Shelford Group Median Avg (Jul-25)
74.5%

Three Month Plan		
Aug-25	Sep-25	Oct-25
72.5%	74.1%	76.1%

⇧ better



Highest breaches by specialty

Specialty	Performance	4hr Breaches
Medicine	30.8%	1,842
Emergency	76.9%	1,206
Orthopaedics	32.4%	250
Surgery	55.1%	222
Gynae	42.4%	147

Updates since previous month

1) 4hr Performance improved to 74.2% in July, compared to 73.8% in June. This also represents an improvement from 69.9% in July 2024.
2) ED daily departures increased 4.9% in July 2025 compared to July 2024, while the conversion rate decreased from 17.0% to 15.2%.
3) CUH ranked 60th out of 118 trusts nationally for 4hr performance in July, compared to 56th position in June. This ranking places CUH within the second quartile. <18 wks increased in month by 710 and is behind plan by 3.5%

Key dependencies

1) Demand remains a key factor in performance and we continue to maximise the utilisation of the UTC and other alternatives to ED to manage lower acuity patients
2) Timely outflow of admitted patients is imperative to free up assessment space and reduce 4hr breaches
3) Maximising the use of the assessment and SDEC areas and ensuring good flow through and off these areas is a key factor in delivery of our performance
4) System-wide, consistent IPC policy and standards agreement in discussion via C&P ICB to maintain minimum disruption due to closed/restricted beds

Current Issues

1) High levels of occupancy in medical inpatient beds have compromised outflow from the department
2) Lack of timely response from specialities to support 4 hr performance. This is an area of particular focus for Divisions.
3) Insufficient cardiac monitored bed capacity and underutilised monitored ordering process
4) Limited 'flow' in medical assessment units

Future actions

1) The Flow Improvement programme & actions will continue to support a reduction in Exit Block from the ED and the MAU, which will in turn support improvements in 4-hour performance.
2) Ensuring there is good utilisation of the MAU, discharge lounge and virtual ward with clear focus at site meetings around the capacity required for delivery within the next 2 hours are all contributing to supporting better flow
3) Clear focus on non-admitted performance and consistent overnight processes through utilisation of SOPs and IPS.
4) Implementation of Cardiology action plan, which was developed in response to a recent GIRFT review
5) Divisions A& C have been asked to improve admitted patient performance (and response times)

Author(s): Rebecca Pheby / Elana Covschoff

Owner(s): Nick Kirby

Ambulance Handovers > 60 minutes

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Jul-25	Target
97.7%	100.0%

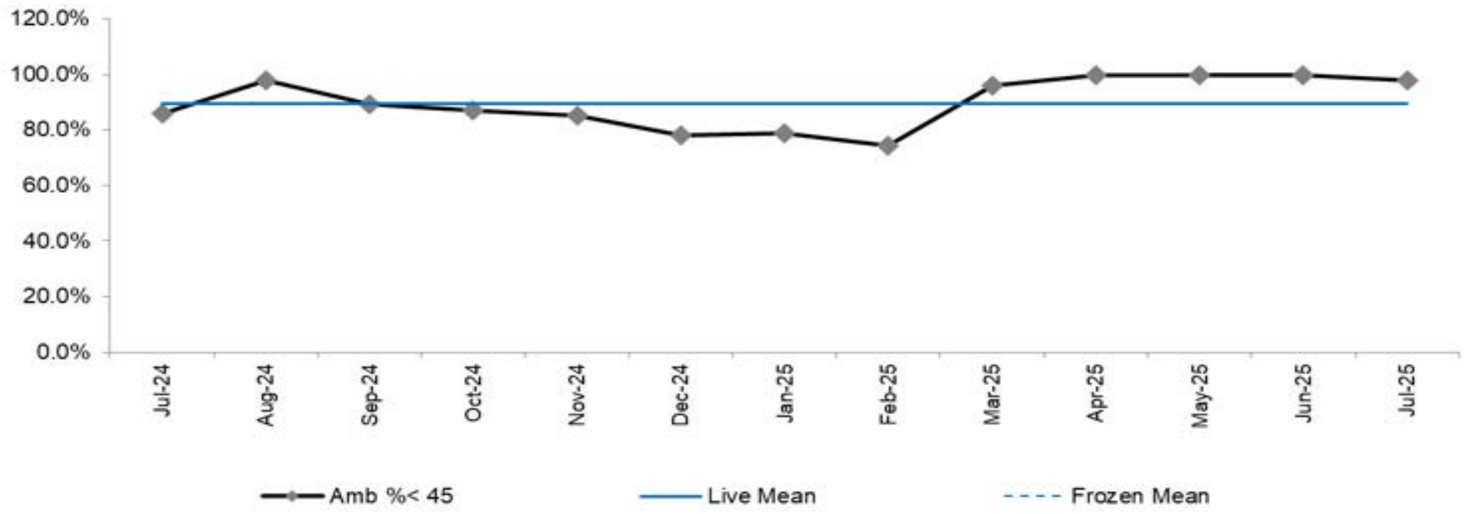
SPC Variance

Normal variation

East of England > 60 minutes

Jul-25

Trust	Performance
Bedford	0.6%
Southend	0.6%
Watford General	1.8%
West Suffolk	2.7%
CUH	3.0%
Luton and Dunstable	3.8%
Hinchingbrooke	4.5%
Milton Keynes	4.9%
Lister	6.5%
Ipswich	11.2%
Peterborough City	12.0%
Basildon & Thurrock	12.8%
Princess Alexandra	14.7%
James Paget	15.5%
Broomfield	16.0%
Norfolk and Norwich	19.0%
Colchester General	21.3%
Queen Elizabeth	24.7%
Papworth	52.7%



Updates since previous month

1) 2.3% of ambulance handovers took place in more than 45 minutes during July, compared to 10.6% of handovers taking place in greater than 60 minutes July 2024.
2) Average ambulance offload time in July was 14:20, an increase from 11:51 in June. This remains the second-best performance in the region, behind Bedford at 13:25.
3) A total of 89 ambulances experienced handover delays exceeding 30 minutes

Current Issues

1) Ambulance bay RAT cubicles are used as sideroom capacity when limited flow out to core siderooms within the Trust. Infection control discussed at flow meetings with stepdown plans shared to aid management.
2) Maintaining zero 60 minute offload delays can be challenged by handovers taking place outside of the ED i.e. handovers in stroke and maternity. Installation of CAD screen in these areas are planned.
3) "Current issues" affecting the 4-hour standard on page 13 all apply to

Key dependencies

1) Proactive management of the availability of a RAT cubicle at all times in the ambulance bay
2) Robust use of the ambulance handover policy ensuring good use of Fit2sit
3) Timely movement out of ED to assessment areas and core beds to maintain continuous flow
4) Clear infection control plans to maintain flow to sideroom capacity to mitigate limited capacity within ED
5) Access to Rapid Handover spaces at all times with clearly identified patients ready to be moved

Future actions

1) The ambition for 2025/26 is to maintain and continue to reduce offload delays to support the Cat2 target. Improvements in in-patient flow will support this via the reduction in levels of exit block from the ED
2) Engagement with EEAST to drive up Call Before Convey crew compliance to minimise inappropriate conveyances to ED.
3) Surgical specialities to develop rapid handover spaces
4) ED have been asked to prepare further contingency plans now, ahead of the 25/26 winter season.

Author(s): Rebecca Pheby / Elana Covschoff

Owner(s): Nick Kirby

Overall fit test compliance for substantive staff

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Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Add Prof Scientific and Technical (Pharmacists only)	-	-	-	1	0	%	90	43	48%	-	-	-	-	-	-	-	-	-	91	43	**47.3%**
Additional Clinical Services	1	0	%	252	111	44%	68	30	44%	136	87	64%	101	61	60%	84	38	45%	642	327	**50.9%**
Allied Health Professionals	-	-	-	54	18	33%	17	0	%	1	0	0	-	-	-	1	0	%	73	18	**24.7%**
Estates and Ancillary (Porters and Security Personnel only)	126	35	28%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	%	127	35	**27.6%**
Medical and Dental	-	-	-	270	38	14%	-	-	-	208	61	29%	161	19	12%	231	34	15%	870	152	**17.5%**
Nursing and Midwifery Registered	-	-	-	736	402	55%	-	-	-	305	162	53%	150	94	63%	416	229	55%	1607	887	**55.2%**
Total	127	35	**27.6%**	1313	569	**43.3%**	175	73	**41.7%**	650	310	**47.7%**	412	174	**42.2%**	733	301	**41.1%**	3410	1462	**42.9%**

The data displayed as of 20/08/2025. This data reflects the areas which would be utilised during a respiratory endemic/ pandemic, requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place on a regular basis. These leads provide assurance on compliance and maintain fit test compliance records. In July 2025, 293 mask fit test appointments were offered, 171 were completed . 71 appointments were lost due to non- attendance. 45 appointments were cancelled by the team and 6 were cancelled by staff .

Referral to Treatment % < 18 weeks

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<18 Weeks	
Jun-25	**Plan**
58.5%	58.4%

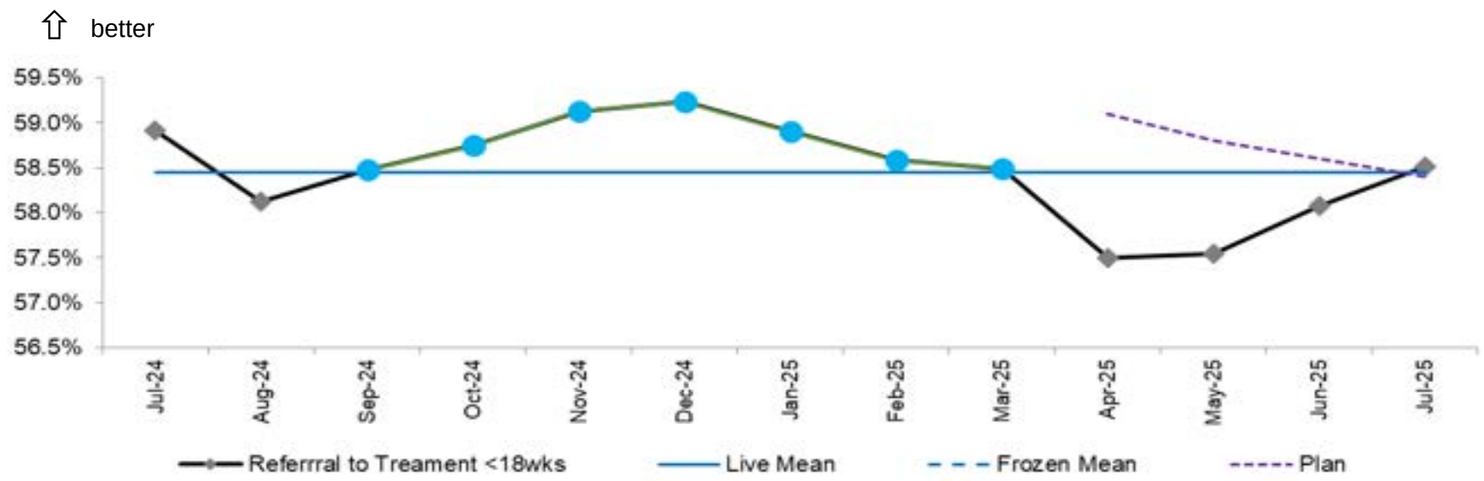
SPC Variance
Normal variation

% of WL under 18 weeks (Jun-25)	
CUH	58.1%
Shelford Group	60.3%

Three Month Plan (<18 wks)		
Aug-25	**Sep-25**	**Oct-25**
58.3%	59.0%	60.0%

Divisional Performance

	% patients waiting 18 weeks	
Division	Performance <18 weeks	Total waiting > 18 weeks
A	63.9%	4,578
B	64.2%	2,379
C	82.1%	814
D	52.8%	16,088
E	56.5%	3,910
Trust	**58.5%**	**27,769**



Updates since previous month

0.2% below plan which is a continued improvement from last month
The total waiting list size has increased however and this can create a 'false positive' of our position as % performance is influenced by variances in the volume waiting <18wks as well as >18wks and we are above plan in both.

Key dependencies

1) ICB led Demand management initiatives need to deliver a 2.6% reduction in clock starts compared to 2024/5.
2) Waiting list validation contributes a 5% reduction in total waiting list size and requires retention of administrative roles for validation.
3) Divisional plans being achieved and further productivity schemes being identified especially in highest risk specialties.
4) Validation is a key element of demand management

Current Issues

1) Clock start demand is above plan in month by (7%) 2,524
2) Clock stops are below plan (3%) and the validation contribution are on plan
3) The volume under 18weeks increased by 710 in month (3% above plan) and this is having the greatest impact on % performance against plan.

Future actions

1) A range of Medical workforce posts have now progressed to recruitment to increase capacity in the key specialities
2) Additional sustainable costed proposal have also been developed by specialities, which include outsourcing, insourcing, WLIs and clinic optimisation
3) There are 8 key specialties who need to improve on their RTT delivery to support the Trust plan. Of these ENT, OMFS, Cardiology & Paed ENT continue to see increases in >18week volumes.

Referral to Treatment > 52 weeks

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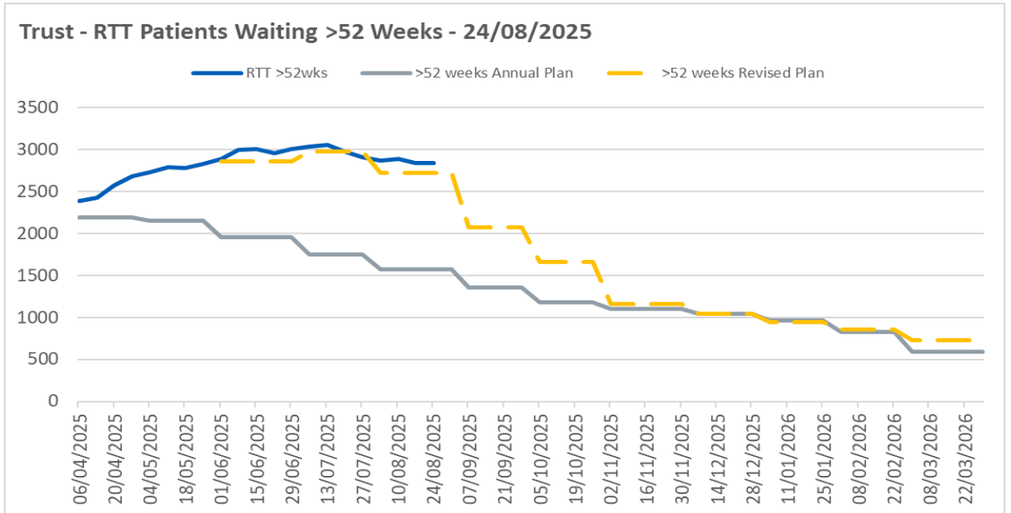
52+ Weeks	
Jul-25	**Plan**
4.0%	2.7%

SPC Variance
Negative Special cause variation

% of WL over 52 weeks (Jun-25)	
CUH	4.26%
Shelford Group	2.93%

Three Month Plan (52+ wks)		
Aug-25	**Sep-25**	**Oct-25**
2.5%	2.2%	1.9%

Divisional Performance		
Division	**52+ wks**	**65+ wks**
A	1.2%	3
B	4.0%	10
C	0.5%	N/A
D	5.4%	79
E	4.0%	23
Trust	**4.0%**	**115**



Updates since previous month

1) Performance to June is below plan and this continued decline has led to a review with the NHSE Oversight Framework and being escalated to Tier 1.
2) In July CUH had 2,691 >52weeks (54% higher than plan). 1.3% higher than % plan within 52 weeks. Slight improvement from June.

Key dependencies

1) Reduction in 1st outpatient waiting times is a key requirement to delivery
2) Effective pathway tracking to expedite next steps for longest waiting patients
3) Reduction in late inter-trust referrals
4) Flexibility in use of waiting list initiatives / independent sector (ENT) for targeted sub specialty risks
5)Flexibility in Theatre allocations with Division for longest waiting groups

Current Issues

1) First OP waiting >52weeks continues to drive deterioration in performance, impacted by reduction in WLI, recruitment delays and loss of insourcing for OMFS and Gynaecology in particular.
2) Long waits further deteriorated in July with waits >65wks at 115 by month end driven by ENT and OMFS.
3) >52wks wait decreased from 2,828 to 2,691. Overall drivers of long waits being ENT (21%), OMFS (17%), Card (12%), Urol (9.7%) & Derm (7%)

Future actions

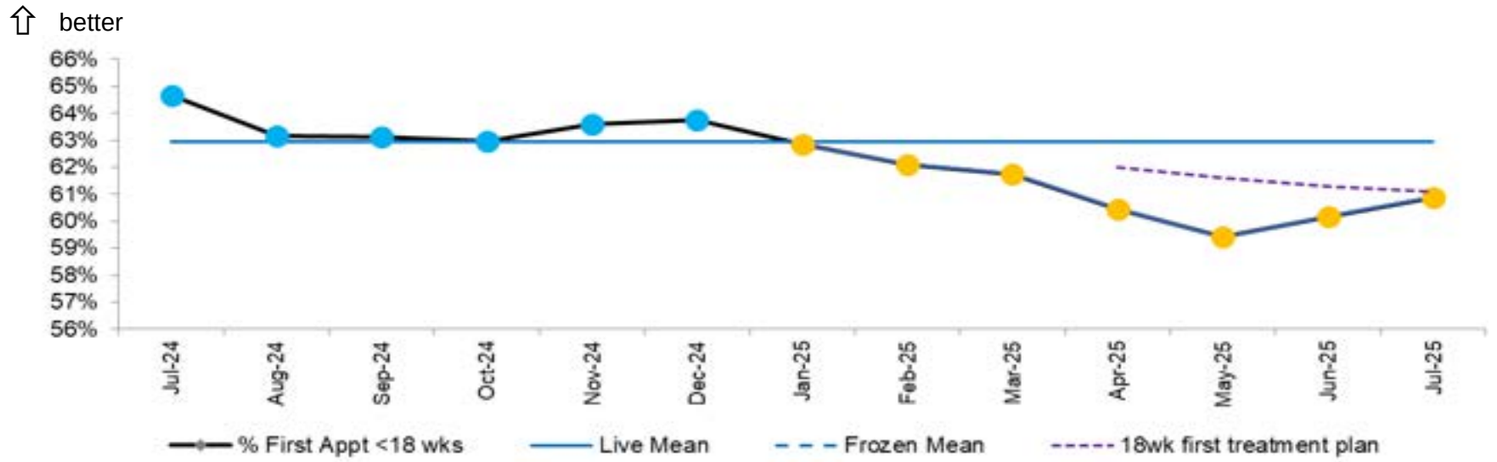
1) Given CUH escalation into national oversight additional costed proposals to be supported for the top 8 services driving deterioration in long waits.
2) Recovery to plan is currently expected before the end of Q3
3) Sustainable plans and investment are required due to the shortfall between demand and capacity which is a recurrent risk to RTT delivery.

RTT waiting for first appointment < 18 weeks

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<18 Weeks	
Jul-25	**Plan**
60.9%	61.1%

SPC Variance
Negative special cause variation



Three Month Plan (<18 wks)		
Aug-25	**Sep-25**	**Oct-25**
60.4%	61.8%	63.1%

Divisional Performance		
	% patients waiting 18 weeks	
Division	Performance <18 weeks	Total waiting > 18 weeks
A	72.7%	1,746
B	57.4%	1,315
C	90.9%	237
D	53.3%	10,299
E	65.3%	1,902
Trust	**60.9%**	**15,499**

Updates since previous month

1) Waits for 1st OP represent 59% of the total waiting list so are a key deliverable for overall waiting list reduction.
2) Performance to July is 1% behind plan, but this performance is influenced by variances in the volume waiting <18wks as well as >18wks
3) The volume waiting >18 wks reduced in month by 0.2%
4)The volume waiting <18 wks increased in month by 710 and is behind plan by 3.5%

Key dependencies

1) 1st OP activity plans need to be achieved by Divisions.
2) Admin and clerical booking resource is limited in central outpatients and specialties.
3) Clinic Optimisation Programme to maximise clinic template delivery aligned to job plans
4) Demand management of initiatives to deliver a 2.6% reduction in clock starts compared to 2024/5.

Current Issues

1) Performance in July is forecast to deteriorate further with >18wk volumes behind plan due to industrial action and the required reduction in 1st OPs below plan.
2) Engagement with re-establishing waiting list initiatives is variable across specialties especially ENT & Urology.

Future actions

1) Medical workforce posts are now progressing in our top 8 following some delay during recruitment freeze, but these will take some months to be in place
2) Additional proposals to include super clinics and one stop models are in discussion.
3) Internal demand focus continues working with Transformation re demand management of referrals

Cancer - 28 day faster diagnosis standard

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Jun-25	Target
75.9%	75.0%

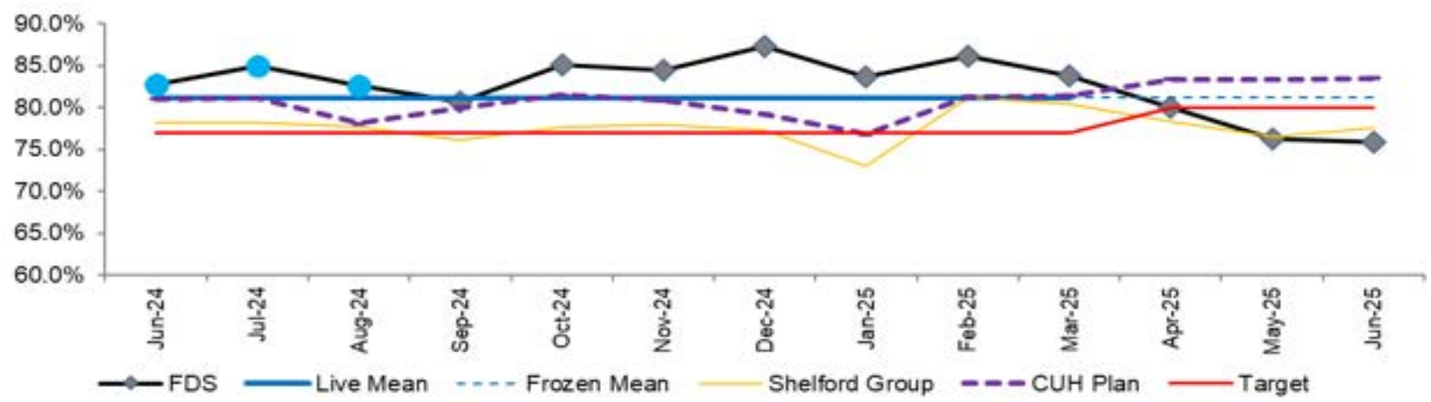
SPC Variance
Normal variation

Shelford Group Median Avg (Jun-25)
77.6%

Three Month Plan		
Jul-25	Aug-25	Sep-25
83.8%	84.0%	82.4%

Cancer Site Overview		
Site	Performance	Breaches
Skin	52.6%	331
Lower GI	78.7%	73
Gynaecological	78.7%	47
Head & Neck	79.4%	57
Urological	62.9%	76
Breast	96.7%	20
Haematological	70.0%	3
Sarcoma	81.8%	6
Upper GI	81.3%	3
Lung	96.5%	3
Childrens	96.2%	1
CNS/Brain	100.0%	0
Non-site specific Testicular	100.0%	0
Total	**75.9%**	**620**

⇧ better



Updates since previous month

Performance: 75.9% (below plan, but above national target of 75%).
Cause of decline: Delays to first appointment, particularly in Skin, Breast, and Urology pathways.
Contributing factor: Workforce gaps in all these teams.
Action: Recruitment approved and recovery plan implemented.
Forecast recovery: Skin (Oct), Breast (Jan), Urology (Mar).

Key dependencies

Maintain pathology turnaround times above 50% within 7 days, particularly in Skin and Urology.
Sustain capacity in Skin to meet first appointment demand and support rapid post-telederm decisions.
Expand one-stop diagnostic clinics to achieve internal target of 50% seen within 7 days of referral.
Ensure successful recruitment to all vacant posts with no delays to start dates.

Current Issues

Delays to first appointment in Skin, Breast, and Urology pathways due to workforce gaps.
Patient choice delays have increased over July–August, consistent with seasonal trends.
Capacity constraints are limiting the ability to rebook patients promptly, compounding delays.
Action: Recruitment approved and recovery plans in place for affected specialties.
Forecast: Performance expected to deteriorate further Jul–Sept.
Full recovery forecast by March 2026.

Future actions

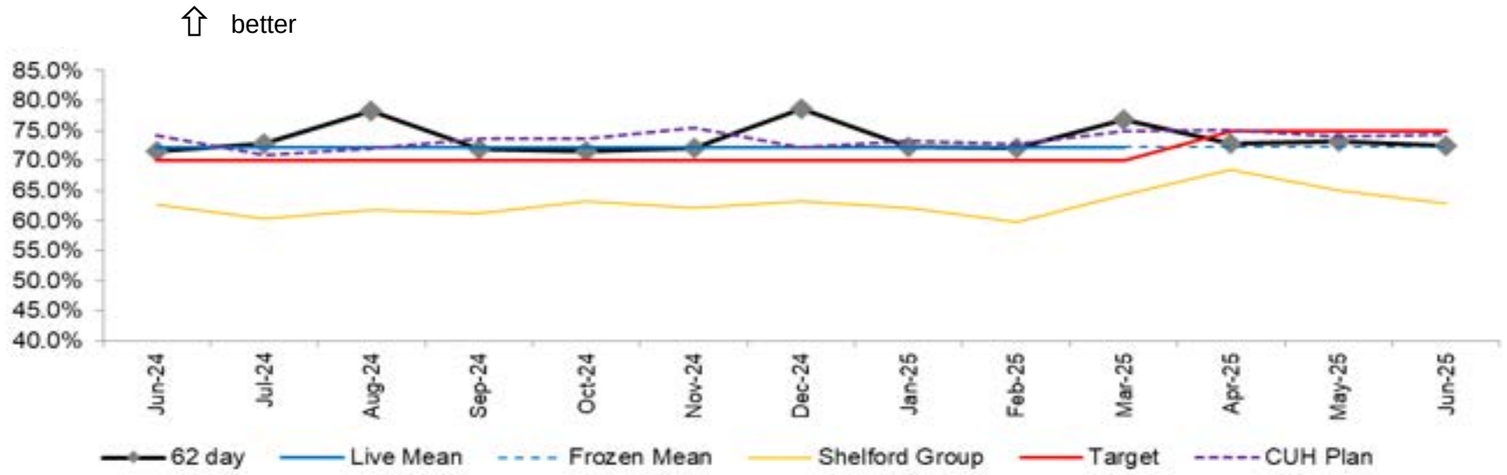
First appointments within 7 days, prioritising high-volume specialties.
Expand Teledermatology capacity in Skin, with rapid review and decision-making.
Improve pathology turnaround times (Head & Neck, Skin, Urology).
Recruit and deploy locum medical posts to support Breast and Skin pathways.
Sustain progress on:
One-stop diagnostic capacity (50% within 7 days).
Recruitment to permanent posts with no delays in start dates.

Cancer - 62 days combined referral to treatment

Jun-25	Target
72.4%	70.0%

SPC Variance
Normal variation

Shelford Group Median Avg (Jun-25)
62.8%



Cancer Site Overview as of 19/08/2025

Site	Backlog
Breast	6
CNS/Brain	0
Gynaecological	13
Head & Neck	10
Other Haem Malignancies	2
Lower GI	10
Lung	15
NSS	1
Upper GI	3
Urological	65
Sarcoma	5
Skin	79
HPB	15
Childrens	1
Symptomatic Breast	0
All	*225*

Updates since previous month

June performance: below plan, but remains above national target of 70%.
275 patients treated in June; 76 waited longer than 62 days.
Shared pathways (23 patients): 10 not treated within 24 days.
CUH-only breaches (56 patients): Breast: 26%, Urology: 26%, Lower GI: 16%, Skin: 16%
Shared Pathway Analysis: Of 30 patients not treated within 24 days, 63% required surgery.

Current Issues

Delayed FDS pathways increasing 62-day breaches, particularly in Breast and Skin.
Histology reporting delays impacting MDT treatment planning; pathology turnaround times are improving in line with trajectory.
Of the 56 CUH-only breaches: 35% due to complex pathways, other medical delays, or patient choice.

Key dependencies

1) Continuing achievement of 28 day FDS
2) Pathology turn around times remaining above 50% in 7 days and 90% in 21 days particularly in Head & Neck, Urology and skin.
3) Compliance with the Inter provider transfer policy, including all diagnostics being completed prior to tertiary referral, and a reducing rate of late referrals.
4)Treatment capacity within 24 days

Future actions

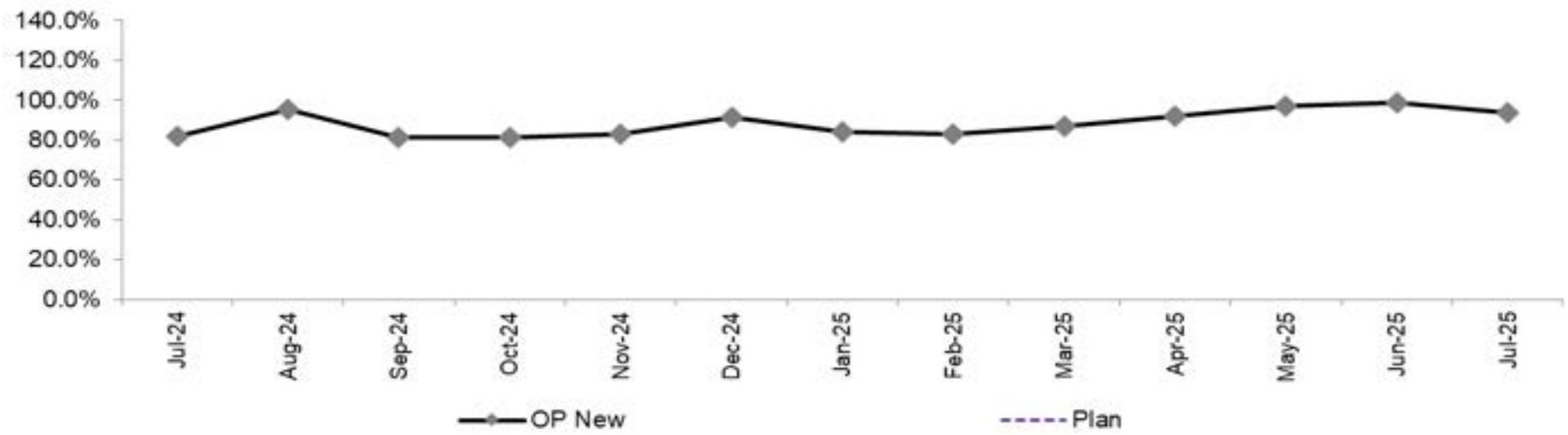
Internal escalation in line with agreed operational policy.
Lower GI pathway improvements – faster transition from diagnosis to treatment.
Radiotherapy wait times – continued recovery to ensure treatment within 24 days for tertiary pathways.
Recruitment to address workforce gaps in Breast, Skin, and Urology.
Pathology turnaround times – sustained improvement for Head & Neck, Skin, and Urology.

New Outpatient Attendances - % vs. Plan (consultant led, specific acute)

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Jul-25	Plan
93.4%	N/A

Shelford Group Median Avg (Jun-25)
N/A



Three Month Plan		
Aug-25	Sep-25	Oct-25
N/A	N/A	N/A

Divisional overview	
Division	Performance
A	94.4%
B	96.1%
C	99.0%
D	90.8%
E	88.9%

Updates since previous month
1) The previous consecutive improvement has ended and July is 5% lower. All Divisions have reduced New appointment activity this month.
2) Division D accounts for 60% of OP activity but continues to be the worst performing division at 90.8%.
3) Those performing poorly against plan this month are: Gynaecology, Dermatology and General medicine.

Key dependencies
1) While we continue to work on the Digital Front Door project this is unlikely to deliver significant benefits in year.
2) All services must actively take part in pathway reviews and clinic template optimisation, as well as appropriate triaging to try and reduce demand. Pace of change needs to be improved.

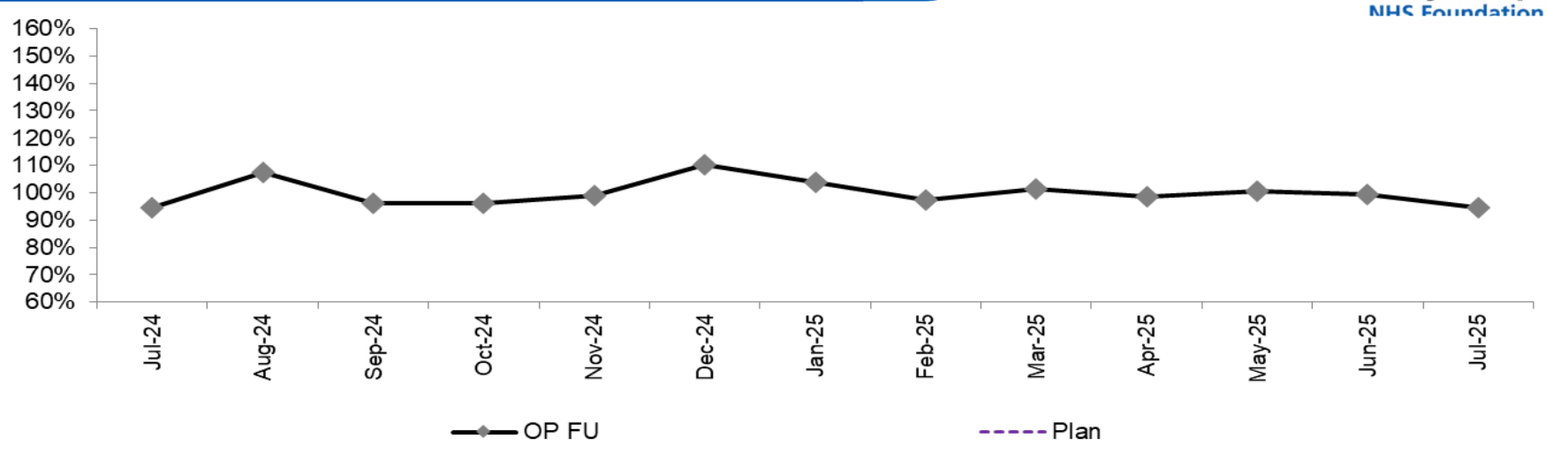
Current Issues
1) Our deteriorating RTT position has resulted in us entering Tier 1 managements.
2) Greater emphasis needs to be placed on demand management and alternative methods of managing patients.
3) Vacancies in the centralised booking team has improved and there is still a consistent above 90% slot utilisation rate.

Future actions
1) Improve clinical triaging to ensure only those patients who need to be seen are seen.
2) Clinician templates reviewed and updated to ensure job plans are met and additional appointments are added where appropriate.
3) Awaiting outcome of NHS capital bid for room utilisation software to improve capacity.

Follow Up Outpatient Attendances - % vs. Plan (consultant led, specific acute)

Cambridge University Hospitals NHS Foundation Trust

Jul-25	Plan
94.6%	N/A



Shelford Group Median Avg (Jun-25)
N/A

Three Month Plan		
Aug-25	Sep-25	Oct-25
N/A	N/A	N/A

Divisional overview	
Division	Performance
A	94.8%
B	88.8%
C	98.2%
D	97.6%
E	92.1%

Updates since previous month

1) All Divisions have improved their position, however this has not translated into additional new patient capacity. Sustained improvement is required to make sustained change.
2) Dermatology have performed well for a third consecutive month, which is promising due to the size of their new waiting list. Cardiology has not sustained the improvement, which is required to make a significant impact on waiting list size.

Key dependencies

1) Pathway redesign needed to remove the requirement for follow-ups urgently, or consider moving to consultant only follow-up ordering to try and reduce the numbers.
2) Remote Clinical Review (RCR) adoption whilst being discussed by a number of new subspecialties, is still extremely slow and is also reliant on clinical engagement, and on eHospital resources which are limited.

Current Issues

1) Overdue follow-up numbers have reduced by approx. 1000 patients for a consecutive month, but we cannot determine if this is standard fluctuation or as a result of sustained improvement yet.
2) Clinicians are not developing alternative pathway management quick enough to be able to reduce the number of follow-ups that we currently order as well as the backlog.

Future actions

1) Continue to work on the Epic rebuild to improve oversight on templates.
2) Services are redesigning pathways to take advantage of other methods for dealing with follow-up patients.
3) All services to continue to review their overdue follow-up backlog to check for people who no longer need appointments and consider consultant only follow-up orders.

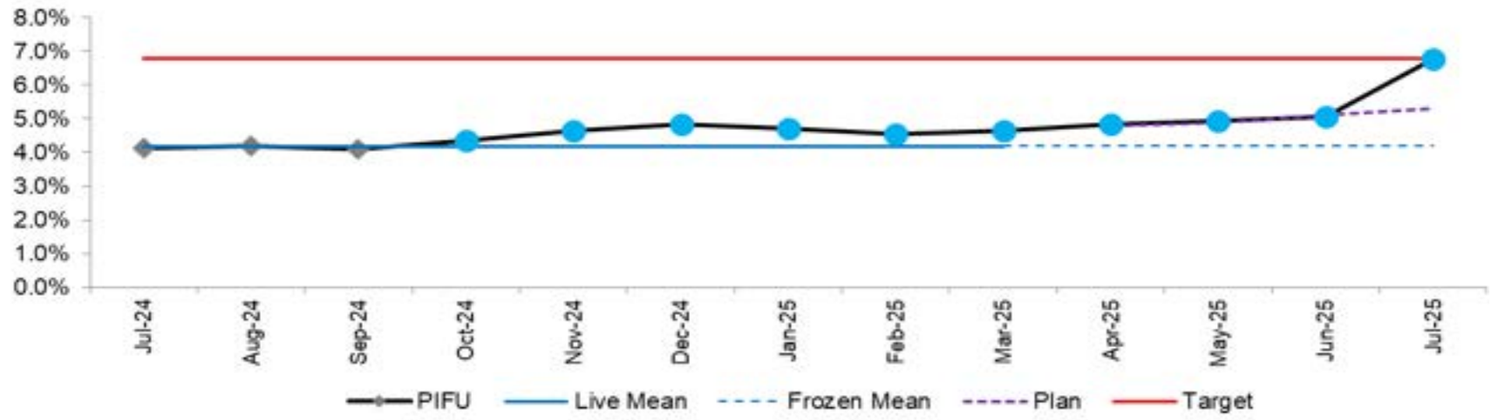
PIFU Outpatient Attendances

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Jul-25	Plan
6.8%	5.3%

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Jun-25)
N/A



Three Month Plan		
Aug-25	Sep-25	Oct-25
5.5%	5.7%	5.9%

Divisional overview	
Division	Performance
A	11.0%
B	5.9%
C	3.6%
D	4.9%
E	10.0%

Updates since previous month

1) Performance has made a significant improvement this month at 6.8%
2) Division D has doubled their performance making an impact on the overall figure. Division C whilst slightly improved, need to increase the rate of uptake to make an impact.
3) Highest performance to date with 6548 PIFU orders placed in July 2025.

Key dependencies

1) Ability to effectively convert PIFUs into appointments (where appropriate) is directly effected by the ongoing review of clinic template optimisation, as there is a non standardised approach to slot management for PIFUs.
2) The conversion rate for PIFU into appointments remains low, currently 5.3%, although this will increase in time when PIFU follow-up orders are converted at the end of their interval period and

Current Issues

1) We have a reached the target of 6.8%, which we needed to meet by the end of this financial year. We do not have enough data to determine whether this is standard variation or sustained improvement.
2) Sustained uptake will be required to deliver the end of year target.

Future actions

1) Divisions are encouraged to follow GIRFT guidance, PIFU data on the Clinic Utilisation dashboard, and the EoE outpatient transformation tool, to review PIFU usage at specialty and consultant level, and target action accordingly.
2) Divisions to continue to focus on this as a key element of clinic optimisation.

Delayed Discharges

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Jul-25	Target
212	N/A

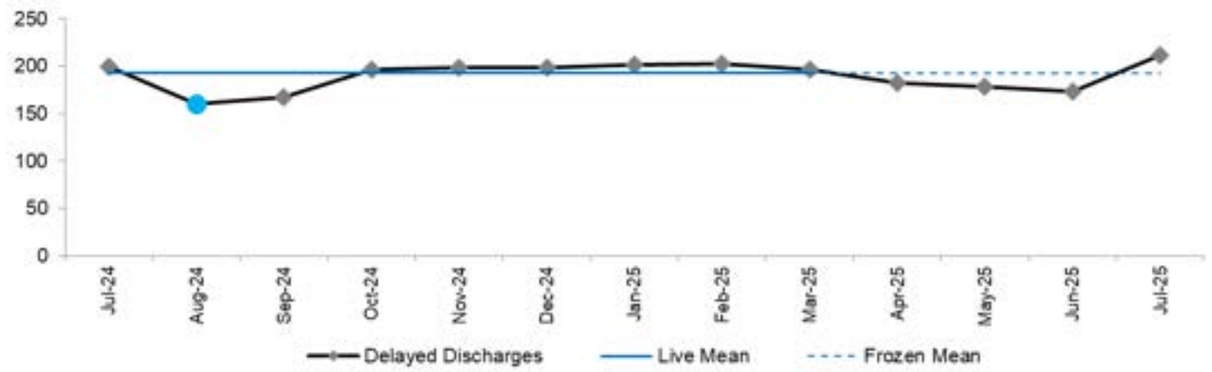
SPC Variance
Normal variation

Shelford Group Median Avg (Jul-25)
N/A

Beds lost to delays - by pathway

Pathway	Beds lost
Pathway 1	46
Pathway 2	20
Pathway 3	24
Internal Assessments	69
Internal Other	1
Other External Reasons	49
Total	**0**

⇩ better



Updates since previous month

Lost Bed Days: There has been an increase in lost bed days for both internal and external assessments across all complex discharge pathways (Pathways 1–3) during July, compared to the previous three months.
Staffing: The Complex Discharge Team currently has four DSCo vacancies and one Band 6 CDSN vacancy. EIT has a B6 Frailty nurse vacancy. Two of the DSCo positions in CDT are expected to be filled in September.
Social Worker Recruitment: Recruitment of a locum social worker has been delayed due to the requirement for a business case.
The business case has now been submitted and is awaiting finance approval.
OPTICA Workstream: Progress has been delayed due to the identification of additional report-building tasks and limited availability of resources within the Epic team.
CDT Model Launch: The new model for the Complex Discharge Team (CDT) was successfully designed and launched on 4 August 2025.

Current Issues

External Delays: Ongoing issues with care capacity for Intermediate Care at Home and delays in Social Worker assessments are contributing to increased lost bed days and discharge delays.
Recruitment Challenges: Current delays in recruitment processes mean that vacancy gaps and the onboarding of an additional locum Social Worker will take time, which may postpone any immediate improvements.
Transport Issues: There has been a noticeable increase in cancelled complex discharges due to transport-related problems, further impacting discharge efficiency.

Key dependencies

Staffing Resources: Availability of both internal and external staff, including DSCo roles, CDSN, and social workers, remains a critical dependency.
Community Care and Care Home Capacity: Limited capacity in community care services and care homes continues to affect discharge planning and flow.
Trust Operational Status: The Trust's current OPEL status and FCP status influence escalation processes and resource prioritisation.
Service Demand Pressures: Rising demand driven by frailty, deconditioning, and multiple comorbidities is placing additional strain on discharge pathways.
MRD Accuracy: Ensuring accurate Medically Ready for Discharge (MRD) date is essential for timely and effective discharge coordination.

Future actions

Follow Up on CVP Approvals: Chase CVP approval for all vacancies within the Complex Discharge Team (CDT) and Early Intervention Team (EIT).
Recruitment: Progress recruitment into all current vacancy gaps, including DSCo, CDSN, and social worker roles.
Honorary Contracts and Self-Funder Support: Follow up on honorary contracts for Ilarna staff and initiate testing of the proof of concept for supporting self-funders.
Social Worker Locum: Chase the outcome of the locum social worker recruitment and agree a confirmed start date.
CDT Model Evaluation: Identify key learnings from the launch of the new CDT working model and implement any necessary amendments.
Staff Education and Early Identification: Deliver targeted education for staff on complex discharge planning and promote early identification of complex needs.

Theatre Utilisation - Elective GIRFT Capped

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Jul-25	Plan
81.0%	85.0%

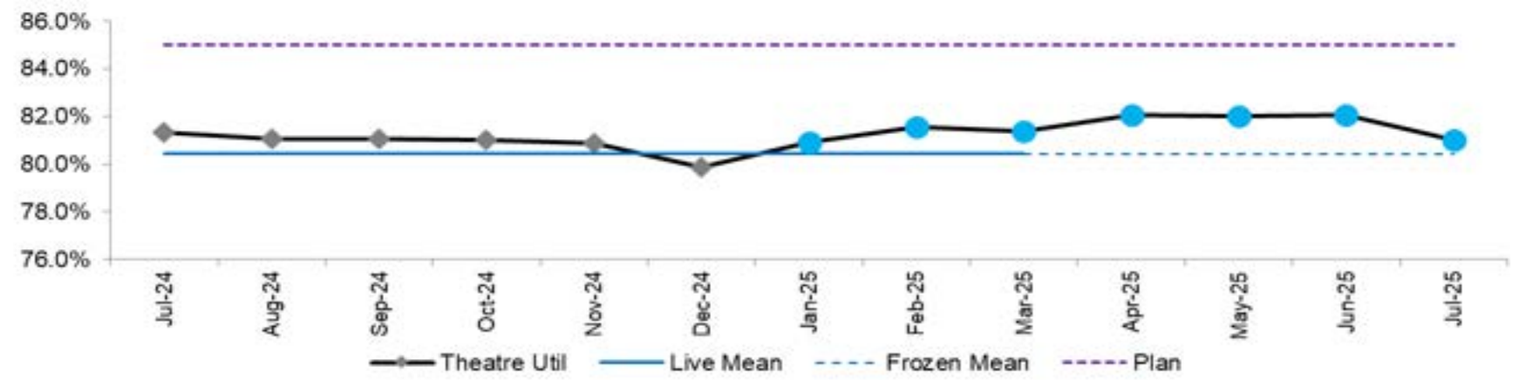
SPC Variance
Positive special cause variation

Performance in the 2 weeks to 27/07/2025	
CUH	81.7%
Shelford Grp Median	80.9%

Three Month Plan		
Aug-25	Sep-25	Oct-25
85.0%	85.0%	85.0%

Utilisation by department	
Department	Utilisation
ATC	84.4%
Main	78.8%
Rosie	84.5%
CMSH	87.5%
CEU	74.8%
Ely	78.4%
All	**81.0%**

⇧ better



Updates since previous month

1) Capped Utilisation in July was down from the previous month. In part, driven by Industrial Action, now at 81.0%.
2) Sessions used was significantly impacted by Industrial Action and fell below the target of 95%, at 90.6%. With 61 sessions lost.
3) Short notice cancellation rate was reduced again to 11.0% (308). This would have been lower. However, the Trust was instructed to not to cancel elective patients until the last moment to enable talks with Resident Doctors to continue

Key dependencies

1) Low short notice cancellations
2) Ability to readily back fill cancellations requiring pool of pre-assessed patients
Efficient start times and turnaround times
3) Optimum scheduling with 6-4-2 oversight and reliability of plant and equipment.
4) L2DSU maintaining core function as DOSA and 23hr stay elective facility. Whilst acting as the main contingency area for surgical patients.

Current Issues

1) Ely DSU has successfully utilised the Treatment Room for LA patients. This has enabled the use of vacated GA theatres to backfill with further work. Supporting RTT challenged specialties to increase productivity.
2) Post-op bed availability has started to delay flow through perioperative care as pressures non-electively and elective work compete for suitable beds.
3)Cancellations on the day due to beds has risen, as delays waiting on suitable number of discharges goes up.

Future actions

1) An extraordinary Surgical Programme Board on 4th September will be held. At this special meeting, Divisions will present on each of their surgical specialties, outlining trajectories for RTT standards and Cancer waiting times. Presentations should include:
- Recovery plans and specific actions to be taken
- Any support required from the Board and Perioperative Care
- Evidence of theatre capacity constraints (if applicable), along with any investment cases Divisions wish to submit for consideration for upcoming capacity, including associated resource requirements

BADS Daycase Rates (Outpatient + Daycase)

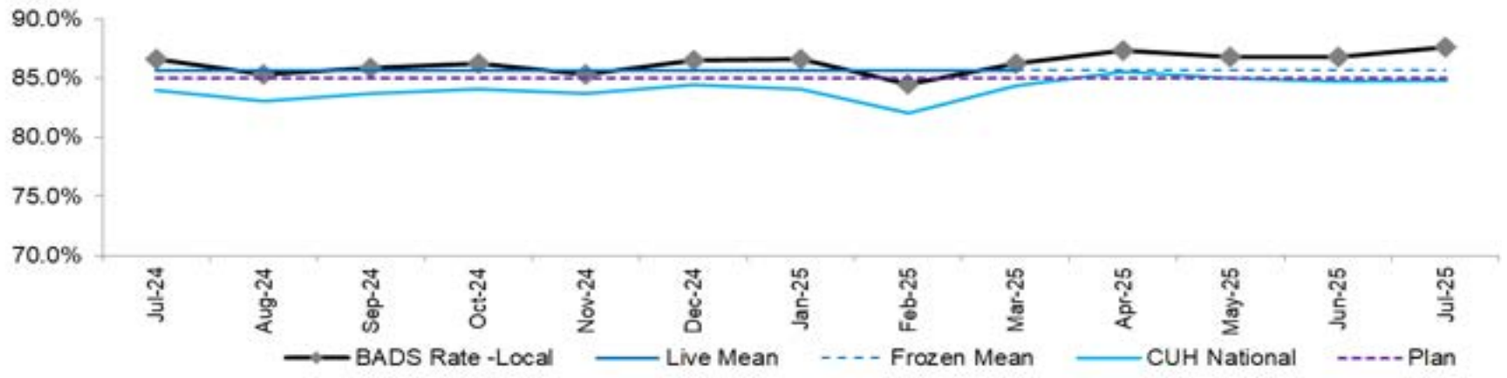
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Jul-25	Target
87.6%	85%

SPC Variance
Normal variation

Model Hospital Published Performance in the 3 months to end of Apr	
CUH	83.6%
Shelford Grp Median	83.7%

⇧ better



BADS Section Day Case Rate for HVLC focus areas

	3 months to end of Apr '25			Jul-25
Specialty	CUH	Shelford	Quartile	Local
Orthopaedics	68.6%	73.1%	2	73.4%
ENT	87.4%	89.2%	1	92.8%
General	75.5%	72.9%	2	84.2%
Gynaecology	88.3%	84.7%	3	91.4%
Ophthalmology	96.9%	97.5%	1	98.7%
Urology	89.2%	87.5%	3	91.2%

Updates since previous month

1) Local data indicates BADS performance achieved 87.6% in July, both exceeding target and improving on June's position. Discrepancy with Model Hospital is due to intended management. The gap has reduced in July with better recording
2) 2,679 BADS procedures were undertaken in month of which 1,243 were Outpatient procedures.

Key dependencies

1) Correct data recording of Intended Management through prospective checks. Effective patient flow on L2 daycase / 23 hr stay
2) Clinically led discharge criteria.
3) Timing of cases on theatre list
4) Timely access to emergency theatres for simple non-elective DC such as incision and drainage, a poor-performer currently

Current Issues

1) 26 0 LOS procedures had Intended Management of Inpatient recorded in June. None resided in core Inpatient bed.
2) In July the perceived opportunity for further improvement was 139 procedures. With incision and drainage procedures being 11 of the total, the greatest procedure opportunity. This delay was largely due to theatre access rather than post procedure discharge

Future actions

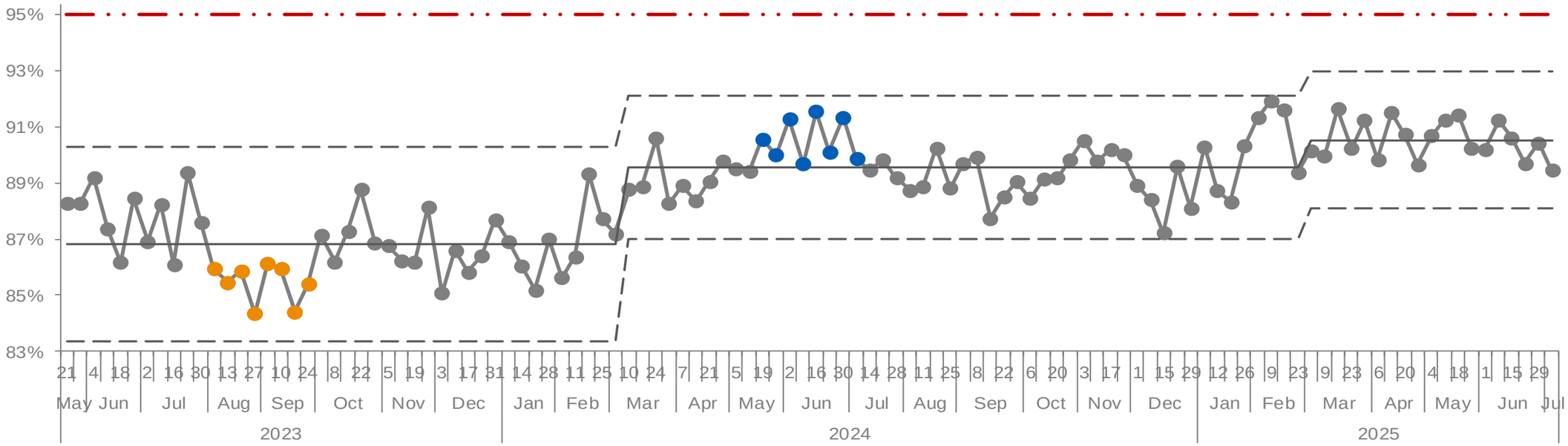
1) Support from GIRFT to explore benchmarking and coding for thyroglossal cysts. Three Shelford peers are performing at benchmark but only do 1-2 cases per month. Coding team are currently reviewing
2) Surgery Programme board confirmed short stay emergency procedures, such as incision and drainage of abscess are struggling to get timely theatre access due to high-acuity of non-electives seen in July. Focus on non-elective general surgery lists to ensure they are being appropriately used.

Discharge Summaries

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Discharge Summary Letters (Weekly)

Percent of discharge summaries sent in under 2 days



Discharge summaries

The importance of discharge summaries has been raised repeatedly with clinical staff of all grades and is included at induction.

The ongoing performance of each clinical team can be readily seen through an Epic report available to all staff

The clinical leaders have been repeatedly challenged over performance in their areas of responsibility at CD/ DD meetings and within Divisional Performance meetings

Author(s): James Boyd **Owner(s): Sue Broster**

Patient Experience - Friends & Family Test (FFT)

NHS Cambridge University Hospitals NHS Foundation Trust

The good experience and poor experience indicators omit neutral responses.

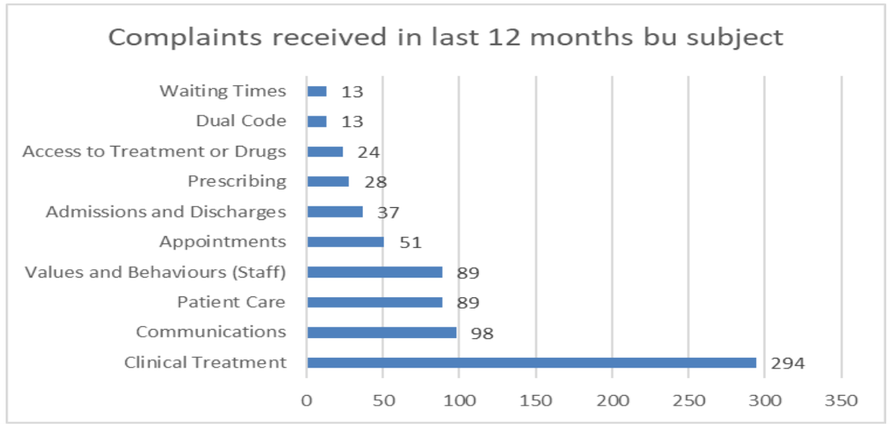
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Jul 25	Month	-	88.6%	94.5%	L	SP	-	The Good FFT score decreased by 5% and the Poor score increased by 2% compared to June. The number of responses decreased by 100 compared to June. **For July** 767 responses were collected from approx. 2,698 patients.
FFT Inpatient poor experience score	Jul 20 - Jul 25	Month	-	5.0%	2.2%	H	SP	-	
FFT Outpatients good experience score	Apr 20 - Jul 25	Month	-	94.2%	94.5%	L	S7	-	Both the Good FFT score and Poor FFT score remained the same compared to June. **For July** there were 7,667 FFT responses collected from approx. 42,225 patients.
FFT Outpatients poor experience score	Apr 20 - Jul 25	Month	-	2.6%	2.6%		-	-	
FFT Day Case good experience score	Apr 20 - Jul 25	Month	-	94.6%	96.2%	L	S7	-	The Good FFT score had a very small decrease of 0.6% and the Poor score remained the same compared to June. **For July** there were 1,219 FFT responses collected from approx. 4,808 patients.
FFT Day Case poor experience score	Apr 20 - Jul 25	Month	-	2.8%	1.9%	H	S7	-	
FFT Emergency Department good experience score	Apr 20 - Jul 25	Month	-	84.0%	82.1%		-	-	The overall ED Good and Poor scores had very small declines in the scores. While the adult ED Good score had a small improvement of less than 1%, the paediatric ED Good score declined by 6% . **For July** there were 1,372 FFT responses collected from approx. 7,926 patients.
FFT Emergency Department poor experience score	Apr 20 - Jul 25	Month	-	9.7%	10.9%		-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Jul 25	Month	-	92.5%	92.4%		-	-	**July:** Antenatal had 2 FFT responses -0% Good / 0% Poor; Birth had 22 FFT responses out of 502 patients - 100% Good; Postnatal had 16 FFT responses: Lady Mary had 2 FFT with 50% Good / 0% Poor, Birth Unit had 11 FFT with 100% Good, and Sarah ward and Close Observation Unit had 100% Good. **JULY MATERNITY OVERALL:** 40 responses: Good score 92.5% (0.5% decline) and Poor score 0% (no change).
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Jul 25	Month	-	0.0%	3.5%		-	-	

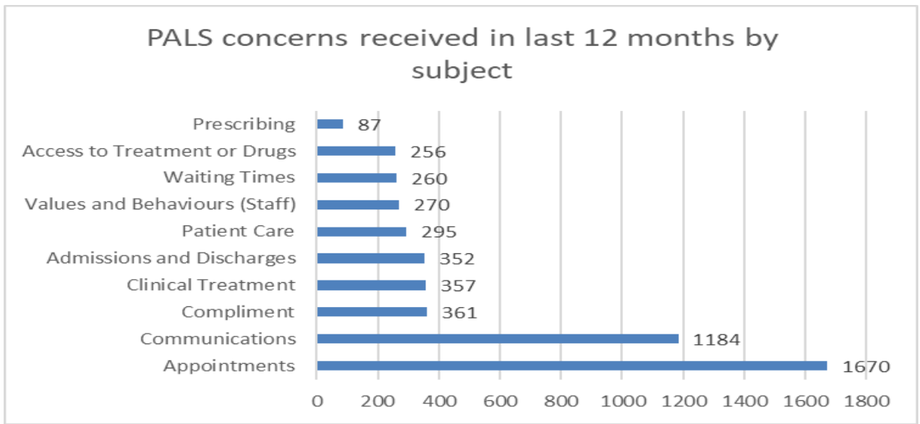
Wards that do not collect FFT are not included in the monthly NHSE FFT submission. The Civica platform upgrade and SMS for adult inpatients that started in April is going well .
The July inpatient SMS response rate is 20%, (419 FFT responses collected from 2079 SMS sent) and overall inpatient response rate is 28%. The overall response rate has improved and this is mainly from the removal of the number of patients that were in recovery from the response rate calculation, which started in April. The Good score decreased by 5% and 88.6% is now the lowest for the year. The Poor score increased by 2% and 5% is the highest for the year.
Two wards from two divisions did not collect FFT. Wards Q2 and C2 did not collect FFT in June or July..
For outpatient and day case, both had very little change in the Good and Poor scores. Both outpatient and day case Poor scores are again below 3%.
For ED, the adult Good score had a small improvement but the Poor score had a small increase. Paediatric ED Good score decreased by 6% to 85%, but the Poor score improved by 1% and is 5%.
The overall Good maternity FFT score had a 0.5% decline compared to June (from Lady Mary), and the Poor score is 0%, the same as June. Repeating the June Poor scores of 0%, all maternity areas for July have 0%. While there was a strong improvement of the overall number of FFT collected in May with 114 responses (mainly from Lady Mary with 65 responses), this declined to 86 in June and July had a further decline to 40 responses This is from the very low number of responses from Birth Delivery Unit and Postnatal Lady Mary.

PALS and Complaints Cases

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	July 21 - July 25	month	-	45	79	H	SP	-	The number of complaints received between July 21 and July 25 is gradually increasing but within normal range
% acknowledged within 3 days	July 21 - July 25	month	95%	91%	74%		-	?	41 out of 45 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	July 21 - July 25	month	80%	32%	31%	L	S7	?	14 out of 44 complaints closed in July 25 were responded to within the initial set timeframe
% complaints received graded 4 to 5	July 21 - July 25	month	-	20%	34%		-	?	There were 7 complaints graded 4 and 2 graded 5
Compliments received	July 21 - July 25	month	-	50	31	L	S7	-	50 compliments received and passed on to the relevant department





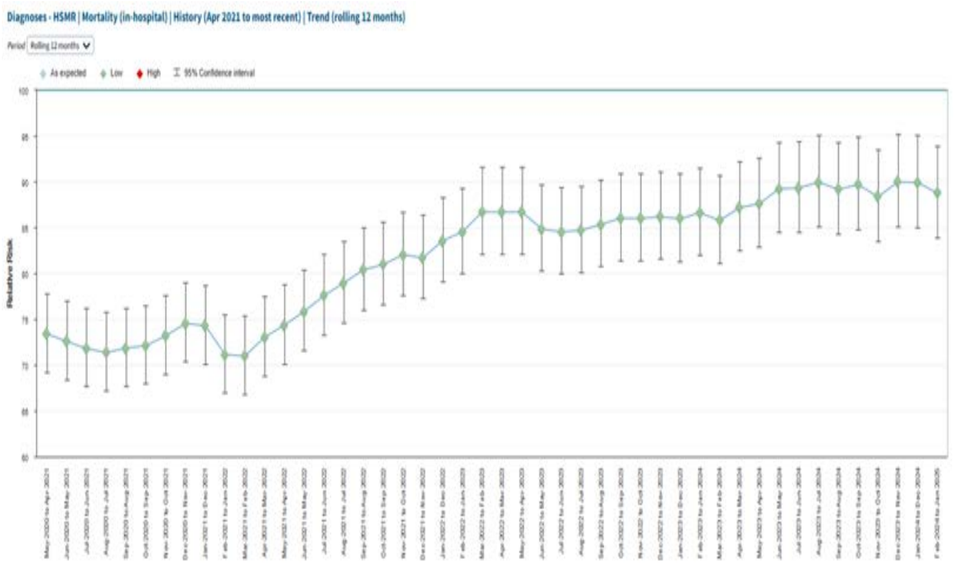
The department is currently sitting at 225 open complaints. The aim is to decrease the number of open number of complaints to below 200 following a change in the triage process. The department also aims to close significantly more complaints in the month than the number received, although 44 complaints were closed in July 2025.

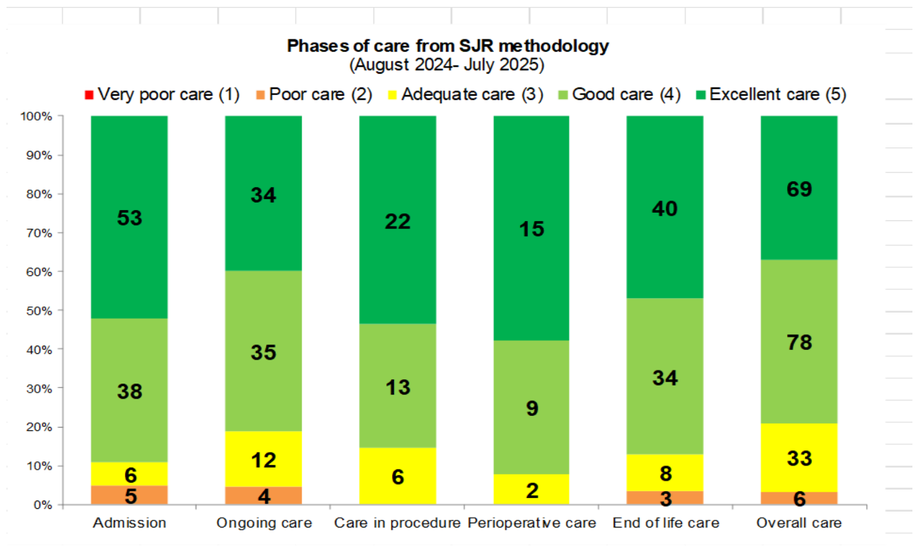
Author(s): Andrew Bell **Owner(s): Clare Hawkins**

Learning from Deaths

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Jul-25	Average (Mar 22 - Jul 25)	Variance	Comments
Total inpatient and Emergency department **deaths**	142	144		There is normal variance for total deaths at CUH. In July 2025 there were 133 inpatient deaths and 9 deaths in the ED
Total Emergency Department and Inpatient deaths **per 1000 admissions**	7	8		Normal variance as a rate per 1000 admissions. In July 2025 there were 19369 admissions recorded at time of analysis.
Emergency department deaths per 1,000 attendances	0.52	0.86		Normal variance in the rate per 1000 attendances. In July 2025 there were 173226 ED attendances recorded at time of analysis.
Inpatient deaths by 1,000 admissions	6.87	7.64		Normal variance in the rate by 1,000 admissions
Non-elective admission deaths by 1,000 admissions	31.10	32.84		Normal variance in the rate by 1000 non-elective admissions
% of Emergency Department and Inpatient deaths **in-scope for a Structured Judgement Review (SJR)**	14.0%	18.0%		In July 2025, 18 Mortality case reviews were commissioned. The highest in-scope trigger for review requests were due to ED death.



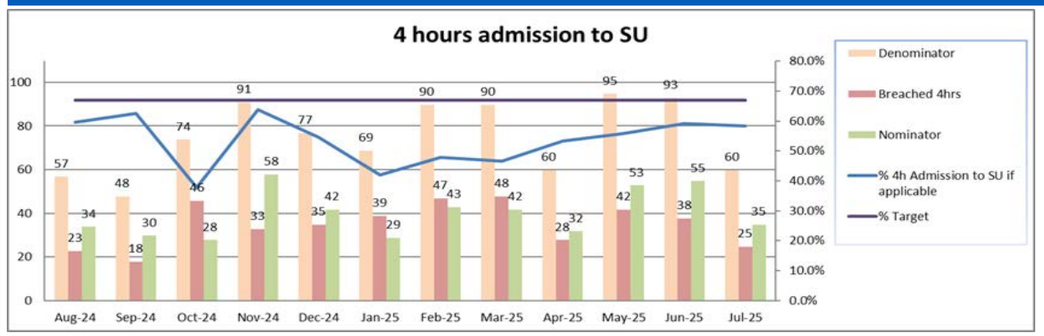


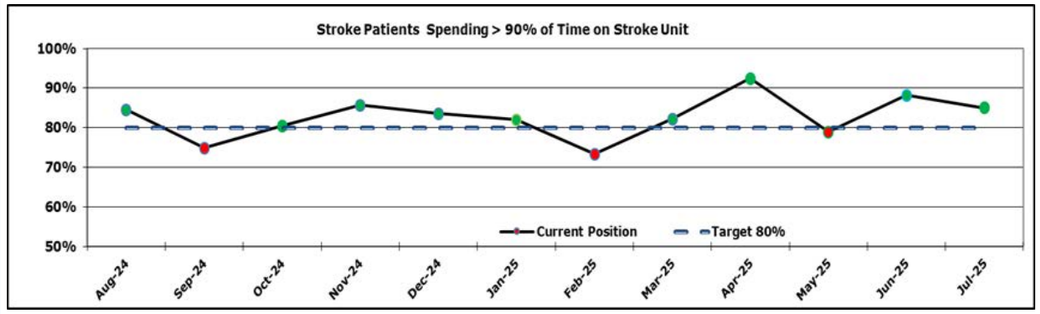
Executive Summary

HSMR - The rolling 12 month (April 2024 to March 2025 HSMR for CUH) is 89.25 this is 9th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 90.61.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, March 2024 to February 2025 is 101.45.
Alert - There are 6 alerts for review within the HSMR and SHMI dataset this month.

Author(s): Melissa Wathen **Owner(s): Amanda Cox**

Stroke Care





Breach reasons for not achieving 90% IP stay on Stroke ward 2025/26 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Operational decision - patient moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Delay in referral to Stroke Team	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to stroke team	Delayed diagnosis	Clinician's decision to place patient on different ward	Unclear presentation	Difficult diagnosis / Complex patient	Resource capacity	Number of breaches	Month Position (Target 80%)
Jul-24		1			1						5			7	90.4%
Aug-24	2	3		2							4			11	84.5%
Sep-24	4	5		1		1		1			4			16	75.0%
Oct-24	7	3	1	1	1	1					2			16	80.2%
Nov-24		4		1	1	3					3		1	13	85.7%
Dec-24		5		1	1	1					4		1	13	83.5%
Jan-25	2	2		1		1					7		1	14	82.1%
Feb-25	2	7			4	4					6		1	24	73.3%
Mar-25	5	4			2	2					3			16	82.2%
Apr-25					2			1			3			6	92.4%
May-25		6			2			1			8		3	20	78.9%
Jun-25		1				2		2			3		3	11	88.2%
Jul-25				4	1	1					3			9	85.0%
Summary	22	41	1	7	15	15	0	5	0	0	55	0	10	167	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for July 2025 = **85.0%**

Delay in medical review in ED (4) was the main factor contributing to breaches last month, with a total of 9 breaches in July 2025.

4hrs adm to SU (67%) target compliance was not achieved in July 2025 = **58.3%**

Key Actions

•Weekly team meeting with ACP/R2 nurse team/matrons/LW/Ops/SAT team continue. Useful forum to help resolve issues and progress projects

•Monthly Working group for launching the Stroke Video Triage - test call this week and go-live 28 July 2025

•National SSNAP data format has changed and currently the Trust performance score for Oct-Dec 2024 is not available.

•Weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.

Author(s): Helen Allibone Owner(s): Nick Kirby

Clinical Studies

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Total Recruitment at end of July - FY 2025-26

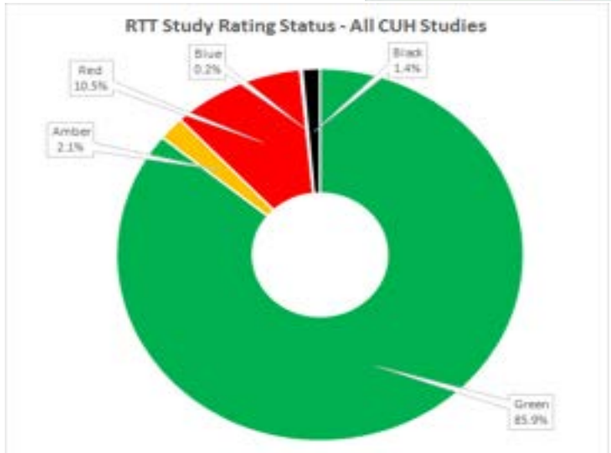
3,857

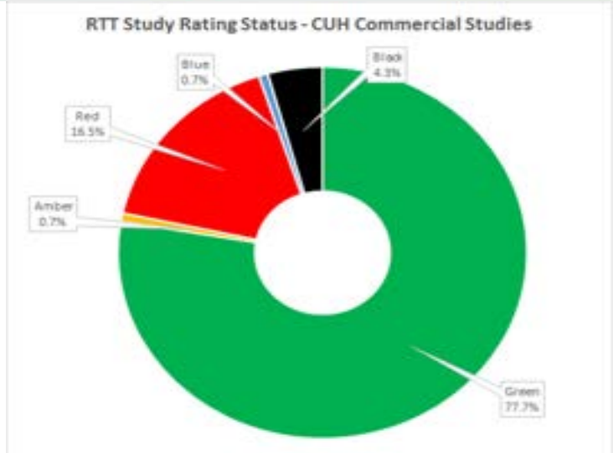
Open Studies at end of July 2025

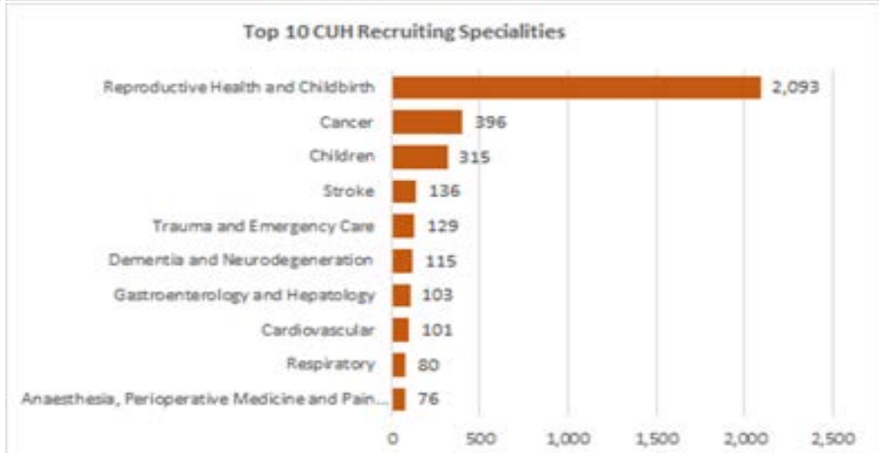
Non Commercial	433
Commercial	147
Total	**580**











* Total recruitment in the financial year to date: 3,857.
* CUH accounted for 17% of total recruitment by Eastern Trusts in the financial year to date.
* Recruitment to the Reproductive Health and Childbirth speciality accounted for over 50% of all recruitment. The Cancer speciality accounted for 10.3%. All of the other individual specialities accounted for less than 10% of the total recruitment.
* There were 580 recruiting studies, of which 147 were Commercial, and 433 Non-Commercial.
* CUH studies had a Green Rating of 86%. When just looking at Commercial studies, that rating dropped to 78%.

Notes: Figures were compiled by the Clinical Research Network and cover all research studies conducted at CUH that are on the national portfolio. Data cut: 15/08/2025.
Green - Met Target. Amber - Near Miss. Red - Missed Target. Blue - Open study met target, planned closure date elapsed. Grey - Data quality issue. Black - No recruitment upload yet

Author(s): Stephen Kelleher **Owner(s):**

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Division E **Maternity Dashboard** **July 25**

Metric	Target	In Month Actual	Previous Month	3-month average		SPC variation - this month	12 month variation
Activity							
Births		508	441	475.3			
Percentage Bookings ≤ 10 weeks	90.0%	74.3%	69.1%	70.9%		Normal Variation	
Booking Appointments		391	419	408.3			
Vaginal Birth (Unassisted)		43.7%	44.4%	45.0%			
Home Birth		0.8%	0.9%	0.8%			
Rosie Birth Centre Birth		13.0%	14.3%	14.6%			
Rosie Birth Centre transfers		29.3%	28.8%	30.5%			
Birth assisted by instrument (forceps or ventouse) (Instrumental)		9.3%	11.6%	9.5%			
Induction of Labour rate		30%	32%	30%			
Delay in commencement of Induction (IOL)	9.9%	9%	8%	9%		Normal Variation	
Delay in continuation of Induction (IOL)	9.9%	47%	74%	62%		Negative special cause variation above the mean	
IOL for RFM <39/40 (SBLv3)	5.0%	#N/A	0%	#N/A			
Valid indication for IOL	95.0%	#N/A	98%	#N/A			
Caesarean Section							
CS rate (planned & unplanned)		46.9%	43.3%	45.1%			
Women in RG*1 having a caesarean section with no previous births: nullip spontaneous labour		15.7%	18.9%	18.7%			
Women in RG*2 having a caesarean section with no previous births: nullip induced labour, nullip pre-labour LSCS		59.4%	58.7%	61.0%			
Ratio of women in RG1 to RG2		1:4.8	1:3.8	1:3.97			
Women in RG5. Multips with 1 or 2+ previous C/S		85%	89%	87%			
Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.		59%	64%	63%			

Author(s): **Owner(s): Claire Garratt**

Maternity Dashboard

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Division E	Maternity Dashboard						July 25
Metric	Target	In Month Actual	Previous Month	3-month average		SPC variation - this month	12 month variation
Divert Status							
Divert Status - incidence	0	2	0	2.3		Normal Variation	
Total number of hours on divert		28	0	33.0		Normal Variation	
Admissions to Rosie during divert status		22	0	19.7			
Number of women giving birth in another provider organisation due to divert status		0	0	0.0			
Number of IUTs declined due to capacity/staffing in perinatal services	0	4	8	8.7			
Triage							
Women Seen for Initial Triage Within 15 Minutes of arrival	85.0%	80.8%	77.1%	79.3%		Normal Variation	
Overall: Women seen by midwife within required timeframe based on initial RAG rating	85.0%	98.3%	98.1%	98.4%		Positive special cause variation above the mean	
Overall: Women reviewed by obstetrician within required timeframe based on initial RAG rating	85.0%	81.1%	73.6%	77.2%		Positive special cause variation above the mean	
Maternal Morbidity							
Puerperal Sepsis		0.00%	0.33%	0.22%		Normal Variation	
ITU Admissions in Obstetrics		0	1	1			
Massive Obstetric Haemorrhage >= 1500 mls - vaginal birth	≤3.3%	3.04%	4.74%	3.82%		Normal Variation	
Massive Obstetric Haemorrhage >= 1500 mls - caesarean birth	≤4.5%	5.45%	5.52%	5.25%		Normal Variation	
3rd / 4th degree tear rate	≤5%	6.49%	2.16%	4.65%		Normal Variation	
3rd / 4th degree tear rate - Spontaneous vaginal birth	≤2.5%	5.58%	2.17%	4.01%			
3rd / 4th degree tear rate - Instrumental birth	≤4.5%	10.64%	2.08%	7.10%			
Maternal readmission rate		2.76%	2.32%	2.71%		Normal Variation	
Peripartum Hysterectomy		0	0	0			
Direct Maternal Death		0	0	0		Normal Variation	

Author(s): **Owner(s): Claire Garratt**

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Division E **Maternity Dashboard** **July 25**

Metric	Target	In Month Actual	Previous Month	3-month average		SPC variation - this month	12 month variation	
Governance								
Total number of Psii	0	0	0	0.0				
Never Events	0	0	0	0.0				
Neonatal Morbidity								
Still Births per 1000 Births	3.55	3.00	2.84	2.89				
Still Births - number >= 22 weeks	5	2.00	0.00	1.67		Normal Variation		
Babies born with an Apgar <7 at 5 minutes of age		1.57%	2.05%	2.06%		Normal Variation		
Incidence of neonatal readmission		4.34%	3.08%	4.02%		Normal Variation		
Term Admission to NICU Rate**	≤6%	5.58%	7.90%	7.57%		Special cause variation above the mean		
Quality								
1-1 Care in Labour	100%	100.0%	100.0%	100.0%		Normal Variation		
Babies with a first feed of breastmilk	80%	#N/A	84.5%	#N/A		Normal Variation		
SATOD (Smoking at Time of Delivery)	6%	3.6%	3.5%	3.3%	L	Positive special cause variation below the mean		
CO Monitoring at booking	95%	93.0%	95.0%	93.7%		Normal Variation		The main reason for non-compliance is midwives forgetting to do the test. There has also been an issue with Band 5 midwives rotating out to community being provided with the equipment for testing and this has been resolved at the beginning of August. There have also been a handful of telephone bookings and the follow up appointment for CO testing has not been within the 3 day time frame. I am unsure why these telephone bookings are happening and have copied in Liz Marlow (Community Matron) who can take this up with the community teams.
CO Monitoring at 36 weeks	95%	78.0%	82.0%	80.0%	H	Positive special cause variation above the mean		Reasons for non-compliance include midwives not doing the test and not documenting any reason why the test was omitted (13%). As above, there has been an issue with Band 5 midwives rotating out during their preceptorship and not being provided with equipment for testing. The other main reason for non-compliance is the appointments not falling in the time frame (7%). If we included the occasions when the test is performed but falls just prior or after to the 36 week window, compliance would be 85%
VTE Assessment - AN	95%	82.9%	86.3%	83.3%		Normal Variation		Breakdown of AN VTE completion by admitting wards for July 2025; DU 110 out of 143 completed 76.9% RBC 12 out of 13 completed 92.3% Sara ward 139 out of 159 completed 87.4%
VTE Assessment - PN	95%	95.0%	96.1%	95.6%		Normal Variation		

Author(s): **Owner(s): Claire Garratt**

Finance

NHS
Cambridge University Hospitals
NHS Foundation Trust

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

(£1.6m)	*Actual (adjusted)**
(£0.3m)	*Plan (adjusted)**
(£1.5m)	*Actual YTD (adjusted)**
(£4.9m)	*Plan YTD (adjusted)**

Elective Payment Mechanism (EPM)

EPM replaced ERF in 23/24 for the variable element of elective performance. Pending publication of 25/26 baselines forecast based on 24/25 methodology.

	In month	YTD
EPM forecast actual	£24.7m	£89.0m
EPM plan	£23.5m	£89.8m
EPM 24/25 target	£18.2m	£75.9m

Net current assets/(liabilities), debtor days, payables performance & EBITDA

Net current assets

(£122.1)	*Actual*
(£122.2)	*Plan*

Debtor days

35	*This month*
31	*Previous month*

Payables performance (YTD) **

87.5%	*Value*
92.0%	*Quantity*

EBITDA

£16.6m	*Actual YTD*
£13.1m	*Plan YTD*

Capital expenditure

£4.6m	*Capital - actual spend in month*
£14.4m	*Capital - actual spend YTD*
£16.0m	*Capital – plan YTD*

Cash

Cash

£51.2m	*Actual*
£116.3m	*Plan*

Legend *£ in million* *In month* *YTD*

* On a control total basis, excluding the effects of impairments and donated assets
** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

Author(s): Tim Saunders **Owner(s): Mike Keech**

Staff in Post

NHS
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NHS Foundation Trust

12 Month Growth by Staff Group

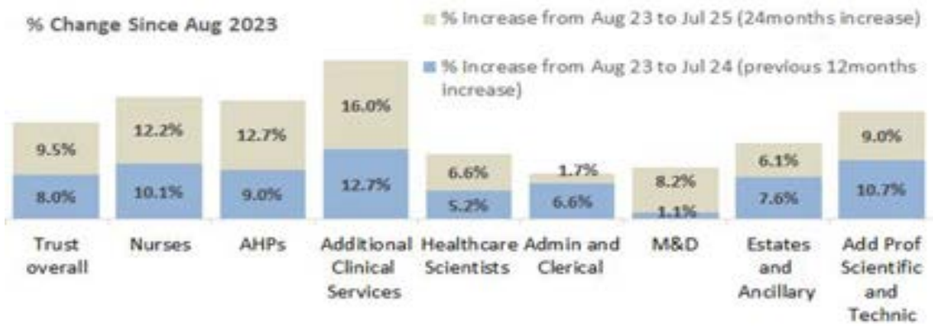
Staff Group	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth	
	Aug-24	Jul-25		Aug-24	Jul-25		
Add Prof Scientific and Technic	266	264	-0.8%	242	238	-4	-1.5%
Additional Clinical Services	2,258	2,300	1.9%	2,069	2,110	42	2.0%
Administrative and Clerical	2,739	2,608	-4.8%	2,522	2,401	-121	-4.8%
Allied Health Professionals	820	844	2.9%	728	746	18	2.5%
Estates and Ancillary	395	391	-1.0%	380	377	-3	-0.9%
Healthcare Scientists	768	772	0.5%	734	735	2	0.2%
Medical and Dental	1,849	1,915	3.6%	1,739	1,795	55	3.2%
Nursing and Midwifery Registered	4,323	4,398	1.7%	4,001	4,061	60	1.5%
Total	**13,418**	**13,492**	**0.6%**	**12,414**	**12,463**	**49**	**0.4%**

12 Month Growth by Division

Division	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth	
	Aug-24	Jul-25		Aug-24	Jul-25		
Division A	2,528	2,546	0.7%	2,384	2,403	19	0.8%
Division B	3,569	3,619	1.4%	3,306	3,354	47	1.4%
Division C	1,931	1,923	-0.4%	1,795	1,786	-9	-0.5%
Division D	1,622	1,611	-0.7%	1,492	1,474	-19	-1.3%
Division E	1,596	1,639	2.7%	1,389	1,421	33	2.4%
Corporate	1,643	1,619	-1.5%	1,556	1,532	-24	-1.6%
Clinical & Corporate Total	**12,889**	**12,957**	**0.5%**	**11,923**	**11,969**	**47**	**0.4%**
Research & Development	529	535	1.1%	488	494	6	1.1%
Total	**13,418**	**13,492**	**0.6%**	**12,414**	**12,463**	**49**	**0.4%**

Admin & Medical Breakdown

Staff Group	Aug-24	Jul-25	FTE 12 Month growth	
Administrative and Clerical	2,522	2,401	-121	-4.8%
of which staff within Clinical Division	1,242	1,143	-99	-8.0%
of which Band 4 and below	853	774	-79	-9.3%
of which Band 5-7	273	255	-18	-6.7%
of which Band 8A	55	57	2	3.6%
of which Band 8B	12	13	1	12.1%
of which Band 8C and above	49	44	-5	-10.4%
of which staff within Corporate Areas	1,007	981	-26	-2.6%
of which Band 4 and below	277	265	-12	-4.4%
of which Band 5-7	480	464	-16	-3.4%
of which Band 8A	100	97	-3	-3.3%
of which Band 8B	53	50	-3	-6.1%
of which Band 8C and above	96	105	9	9.3%
of which staff within R&D	273	277	4	1.6%
Medical and Dental	1,739	1,795	55	3.2%
of which Doctors in Training	698	686	-12	-1.7%
of which Career grade doctors	280	315	35	12.5%
of which Consultants	761	793	32	4.2%



What the information tells us:

The Trust saw a 0.4% growth in its substantive workforce over the past 12 months and 9.5% over the past 24 months. New services within the Trust (e.g. Movement Surgical Hub, Virtual Ward, Community Diagnostic Centres and Ward U3) as well as lower turnover and reduced vacancies, all contributed to the high level of growth in 2024.

In the past 12 months there has been a 4.8% reduction in the Administrative and Clerical staff group, with the highest growth in the Medical and Dental staff group, at 3.2%.

Growth in the past 12 months has been highest in Division E, with a 2.4% increase in substantive staff (33 FTE), and lowest in Corporate Services, with a decrease of 1.6% (24 FTE).

The staff in post data includes individuals who are partly or fully funded to support capital projects. These roles are recorded within Corporate Services (44.11 FTE) and Division B (4.4 FTE). Also included within Corporate Services are the newly established Paediatric Orthopaedic Incident Management Team, accounting for 7.7 FTE of Corporate Services.

Staff in Post WTE Growth

NHS
Cambridge University Hospitals
NHS Foundation Trust

Growth in Administrative and Clerical Staff Group

		12 month growth Apr 2019 to Apr 2025													Latest 1 mth growth			Overall growth since Apr 2019		Growth since Apr 2025	
Executive	Division/Corporate Function	Apr-19 FTE	Apr-20 FTE	Apr-21 FTE	Apr-22 FTE	Apr-23 FTE	Apr-24 FTE	Apr-25 FTE	19/20 % growth	20/21 % growth	21/22 % growth	22/23 % growth	23/24 % growth	24/25 % growth	Jul-25 FTE	Jun-Jul 25 FTE growth	Jun-Jul 25 % growth	Apr 19-Jul 25 FTE growth	Apr 19-Jul 25 % growth	Apr 25-Jul 25 FTE growth	Apr 25-Jul 25 % growth
Corporate	Chief Executive Officer	45	53	57	55	60	59	92	17.6%	8.3%	-2.8%	9.3%	-2.1%	54.7%	87	0	0.0%	42	94.1%	-5	-5.2%
	Chief Financial Officer	185	187	192	191	195	217	225	1.4%	2.8%	-0.6%	1.9%	11.5%	3.7%	278	-3	-1.1%	93	50.6%	53	23.5%
	Dir. of Innovation, Digital & Improvement	244	245	244	243	241	252	249	0.2%	-0.2%	-0.6%	-0.7%	4.5%	-1.3%	176	0	0.0%	-69	-28.1%	-73	-29.4%
	Chief Nurse	53	54	67	64	61	74	78	2.4%	24.0%	-4.9%	-4.4%	21.8%	5.5%	75	-1	-1.3%	22	41.2%	-4	-4.8%
	Chief Operating Officer	21	27	33	36	42	54	43	30.8%	21.7%	9.0%	15.4%	29.8%	-21.7%	42	-2	-4.5%	21	101.0%	-1	-1.3%
	Director of Strategy & Major Projects	8	10	14	11	22	16	18	15.2%	39.4%	-21.8%	108.8%	-27.2%	13.3%	16	0	0.0%	8	91.6%	-2	-11.4%
	Estates & Facilities	92	104	108	118	122	133	141	12.6%	3.8%	9.1%	3.4%	9.5%	6.0%	128	-1	-0.9%	35	38.5%	-14	-9.6%
	Medical Director	22	22	23	20	21	24	32	0.0%	5.4%	-15.7%	6.8%	12.5%	36.4%	15	1	7.1%	-7	-32.2%	-17	-53.4%
	Director of Workforce	117	120	131	138	154	168	154	2.8%	9.1%	5.1%	11.8%	8.8%	-7.9%	165	-1	-0.7%	48	41.4%	11	7.1%
	Capital Funded Projects	-	-	-	-	-	-	11	-	-	-	-	-	-	10	0	0.0%	*newly included*		-1	-5.6%
Corporate Total		**787**	**822**	**870**	**875**	**918**	**997**	**1,043**	**4.4%**	**5.8%**	**0.6%**	**4.9%**	**8.7%**	**4.6%**	**991**	**-7**	**-0.7%**	**204**	**25.9%**	**-52**	**-5.0%**
Clinical	Division A	126	135	144	156	167	168	186	7.1%	6.0%	9.0%	6.8%	0.5%	11.0%	170	-3	-1.7%	44	34.6%	-16	-8.7%
	Division B	425	425	458	462	462	520	520	0.0%	7.8%	0.7%	0.1%	12.4%	0.0%	482	-8	-1.6%	57	13.3%	-38	-7.3%
	Division C	114	114	114	110	116	121	122	0.1%	-0.1%	-4.0%	5.8%	4.9%	0.0%	113	0	0.1%	-1	-1.1%	-9	-7.1%
	Division D	214	216	218	221	225	241	245	0.9%	1.0%	1.2%	2.0%	7.2%	1.5%	224	-5	-2.1%	10	4.6%	-21	-8.6%
	Division E	133	128	134	142	153	154	166	-3.1%	4.1%	5.9%	8.0%	0.4%	8.4%	154	-2	-1.2%	22	16.5%	-12	-7.2%
Clinical Total		**1,012**	**1,019**	**1,068**	**1,090**	**1,123**	**1,204**	**1,239**	**0.7%**	**4.8%**	**2.1%**	**3.0%**	**7.2%**	**2.9%**	**1,143**	**-17**	**-1.5%**	**131**	**12.9%**	**-96**	**-7.7%**
R and D	NIHR R & D Operational	167	189	199	207	223	229	231	13.1%	5.3%	3.9%	8.0%	2.6%	1.1%	220	-4	-1.8%	53	31.8%	-11	-5.0%
	Research Grants Directorate	16	22	23	25	29	44	50	38.2%	5.9%	7.7%	15.1%	52.4%	13.6%	47	-2	-3.7%	31	193.7%	-3	-6.4%
R and D Total		**183**	**211**	**222**	**232**	**252**	**273**	**282**	**15.3%**	**5.4%**	**4.3%**	**8.8%**	**8.4%**	**3.1%**	**267**	**-6**	**-2.2%**	**84**	**46.0%**	**-15**	**-5.2%**
Grand Total		**1,982**	**2,052**	**2,160**	**2,197**	**2,293**	**2,474**	**2,563**	**3.5%**	**5.2%**	**1.7%**	**4.4%**	**7.9%**	**3.6%**	**2,401**	**-31**	**-1.3%**	**419**	**21.1%**	**-162**	**-6.3%**

What the information tells us:
From April 2019 to July 2025 the Administrative and Clerical FTE has grown by 21.1%. From April 2025 staff in capital-funded cost centres are included in the Trust workforce data (historically they have been excluded due to being externally-funded). The financial year with the highest growth was 2023/24, where staffing increased by 7.9%. Research Grants has seen an increase of 31 FTE from April 2019 to July 2025 (194% increase). Division A has had the largest Administrative and Clerical growth of the clinical divisions - increasing by 34.6% (44 FTE) since April 2019 – mainly within General Surgery, Critical Care and Theatres. Other areas with high percentage growth since April 2019 include Offices of the Chief Operating Officer, Director of Strategy and Major Projects and Chief Executive Officer.
In the past month, the Administrative and Clerical workforce has reduced by 1.3% (31 FTE). Since April this year, the Administrative and Clerical workforce has reduced by 6.3% (162 FTE).

From April 2025, capital-funded cost centre staff, previously excluded, are included in Corporate data (adding 11 FTE)

Plan versus actual - Staff in Post WTE

NHS Cambridge University Hospitals NHS Foundation Trust

As at M04 - Workforce Plan vs Actual Staff in post WTE

	PLAN	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Movement Mar 25-Jul 25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Planned movement Mar 25-Mar 26
Workforce Plan - planned WTE	Substantive	12,682	12,672	12,670	12,662	12,668	-15	12,655	12,650	12,588	12,515	12,459	12,399	12,341	12,286	-396
	Bank	885	876	866	854	843	-42	830	817	803	790	780	772	763	753	-132
	Agency	29	28	28	27	27	-2	23	23	24	23	23	23	23	23	-6
	All Staff	13,596	13,576	13,563	13,543	13,538	-59	13,508	13,490	13,414	13,327	13,262	13,194	13,126	13,062	-535

	ACTUAL	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Movement Mar 25-Jul 25
Actual WTE in post (ESR/Healthroster/ Medical Staffing)	Substantive	12,744	12,728	12,692	12,542	12,463	-281
	Bank	778	676	672	715	742	-37
	Agency	23	20	17	22.5	22.8	0
	All Staff	13,545	13,424	13,382	13,280	13,227	-317





What the information tells us:

Overall WTE is 310 WTE under plan in the fourth month of the financial year, with faster than planned reductions in substantive and temporary staffing (259 WTE reduction from March 2025).

Substantive staff starting point for March 2025 was higher than anticipated, however the decrease of 281 WTE from March to July 2025 (2.2% decrease), is greater than the 0.1% planned decrease for the same period. Substantive staff in post decreased by 0.6% from last month.

Bank staff usage increased by 3.7% from last month, and agency usage increased by 1.4%.

Additional posts agreed since budget setting:

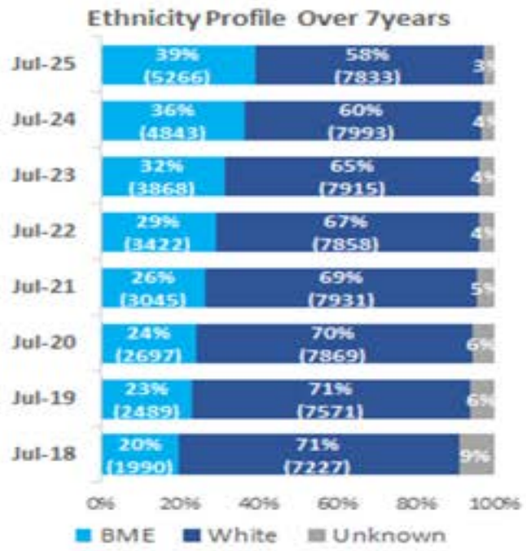
Note: An additional 25 WTE has been agreed in year. These are not included in the charts or table above, but the summary of positions is included in the table opposite.

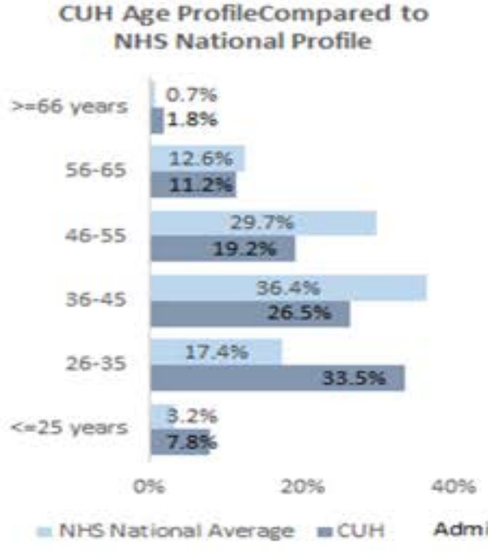
Division	Band 4	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 9	Snr Mgr Personal Salary	M&D Consultant	Grand Total
Corporate	1.0	8.0	3.0	4.5	1.0	4.0	1.0	1.0	1.7	25.2
Grand Total	1.0	8.0	3.0	4.5	1.0	4.0	1.0	1.0	1.7	25.2

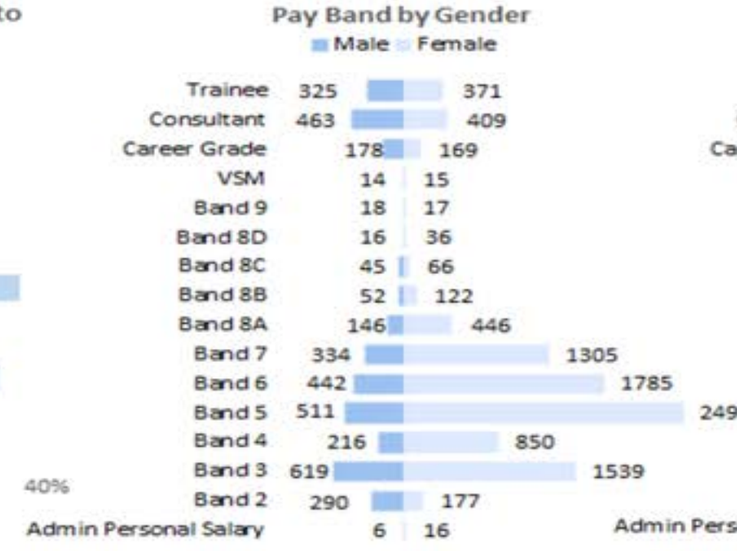
Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

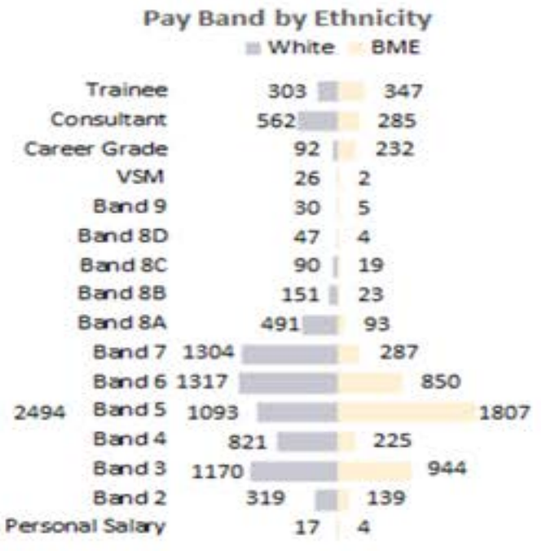
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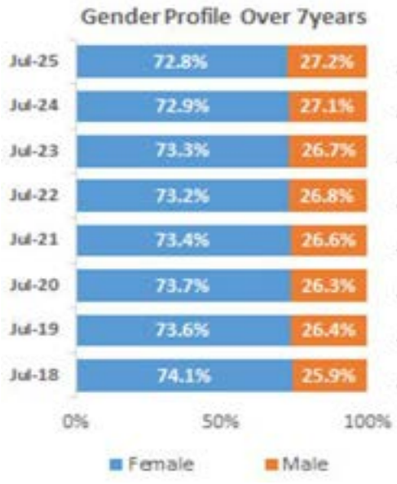
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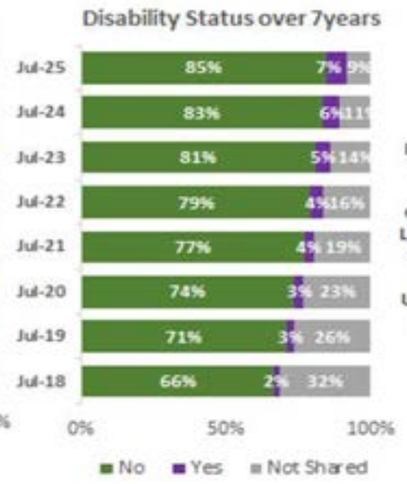


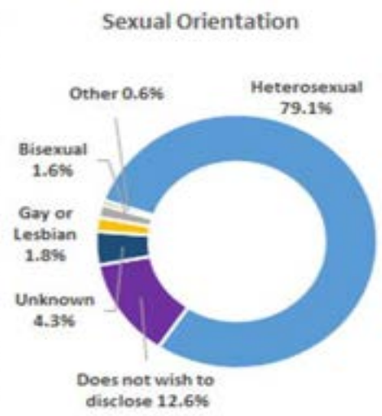












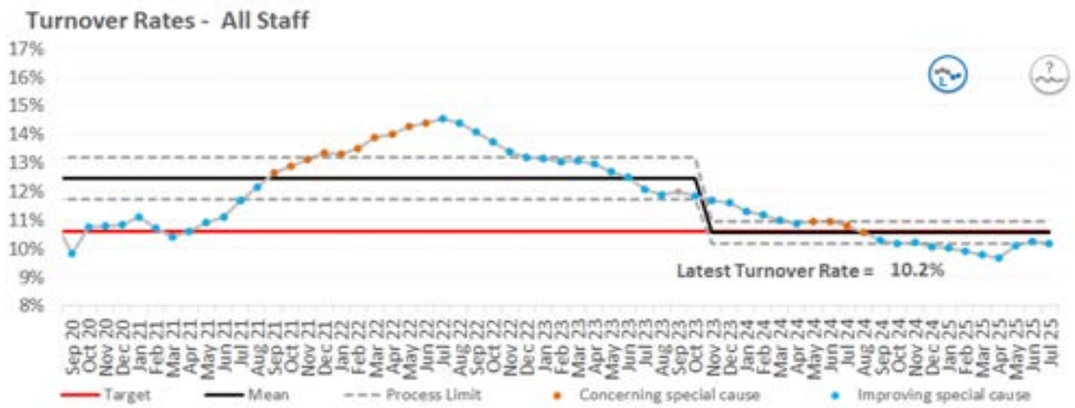
What the information tells us:

- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 60% of our total workforce.
- The percentage of BME workforce increased significantly by 19% over the 7 year period and currently make up 39% of the CUH substantive workforce.
- The percentage of male staff increased by 1.4% to 27.2% over the past seven years.
- The percentage of staff recording a disability increased by 4.7% to 6.7% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

Staff Turnover

Cambridge University Hospitals NHS Foundation Trust



Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (Excludes all fixed term contracts including junior doctors).

What the information tells us:
Following a long period of decrease in turnover rates the process limits have been re-set for groups where there have been 12 consecutive months below the mean, thus showing a sustained improvement.

Turnover decreased by 0.1% from last month to 10.2% in July. This is 0.6% lower than a year ago and under the Trust target of 10.6%.

The Administrative and Clerical staff group had the highest turnover rate at 15.6% in July 2025, which is 0.4% higher than last month and 4.3% higher than a year ago. Healthcare Scientists staff group has had the greatest turnover reduction in the last year - reducing by 4% to 7.4% in July 2025.













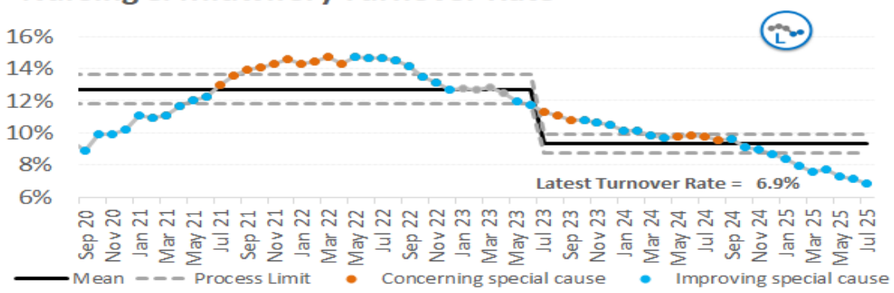




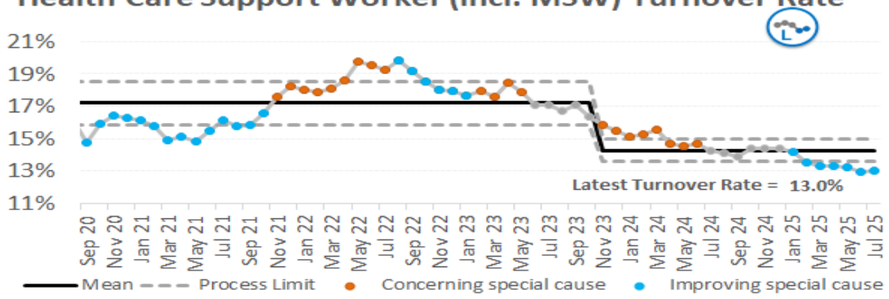
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

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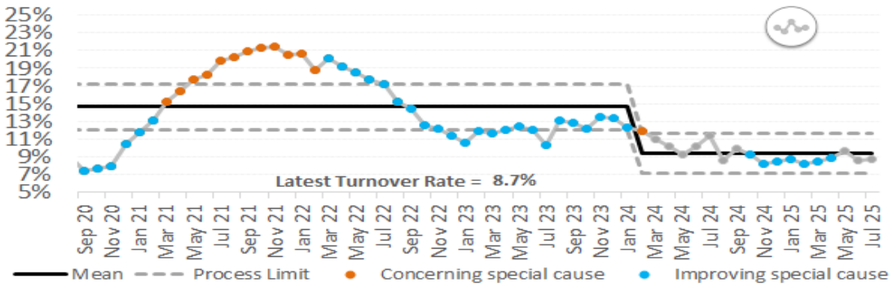
Nursing & Midwifery Turnover Rate



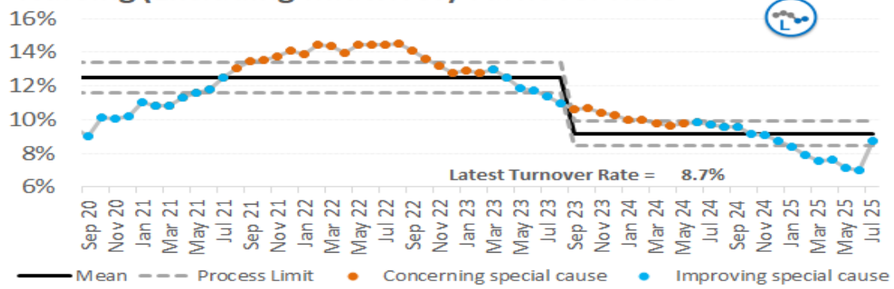
Health Care Support Worker (incl. MSW) Turnover Rate



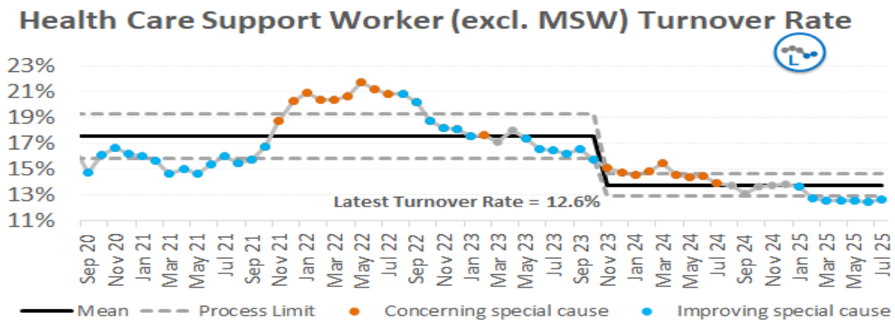
Midwife Turnover Rate



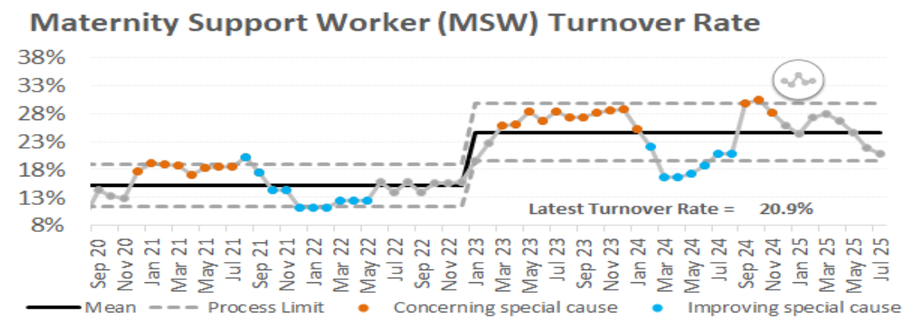
Nursing (Excluding midwives) Turnover Rate



Health Care Support Worker (excl. MSW) Turnover Rate

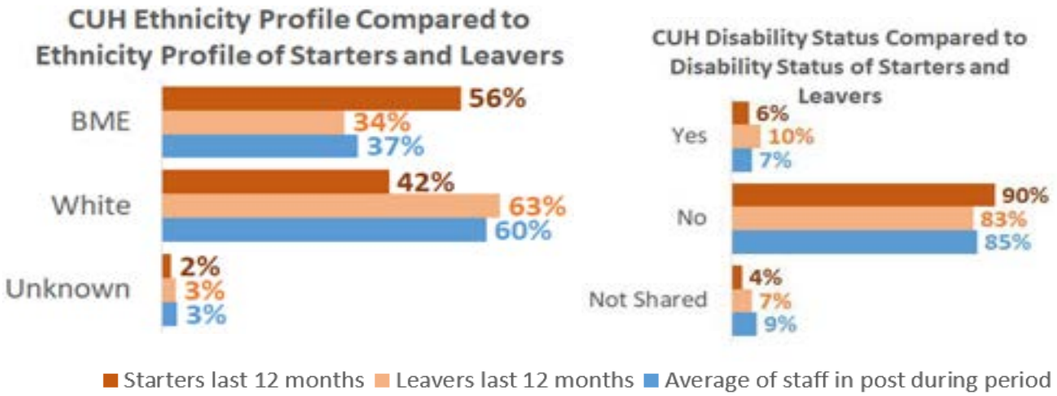


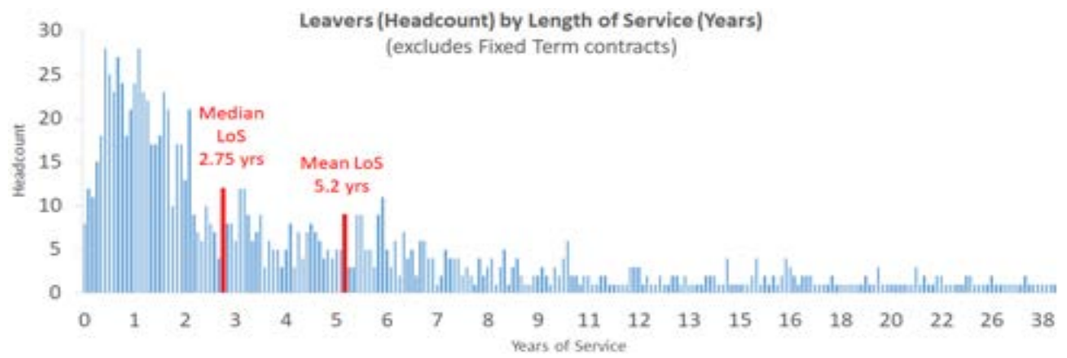
Maternity Support Worker (MSW) Turnover Rate

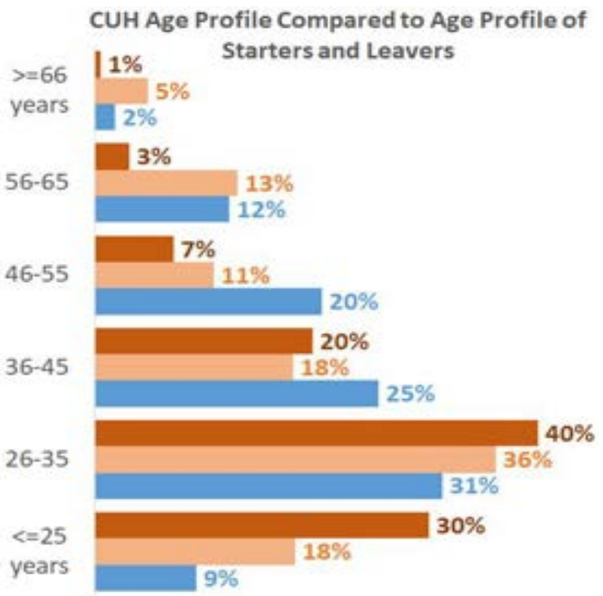


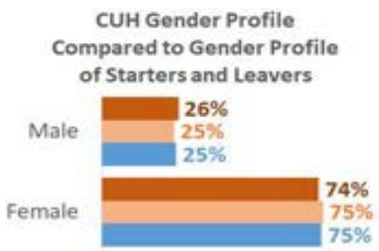
Starters & Leavers - last 12 months

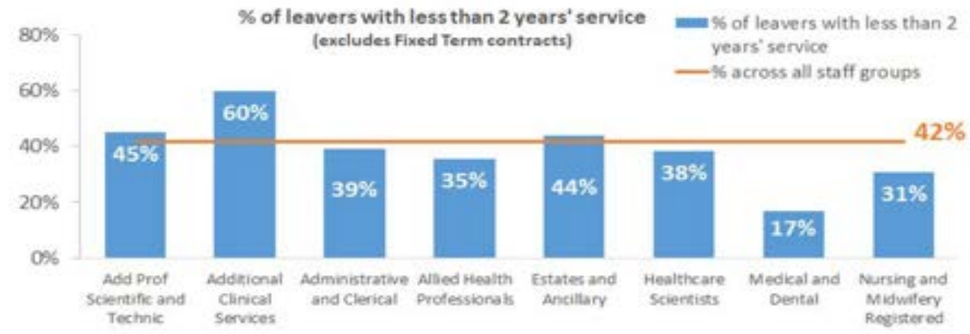
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What the information tells us:

In the month of July there were a total of 99 WTE leavers from the Trust, and 33 WTE starters to the Trust (includes fixed term & permanent staff).

The majority of starters to, and leavers from the Trust in the last 12 months were aged 35 yrs. or under (70% and 54% respectively), which is higher than the proportion of staff in post of this age (40%). Gender and disability status are generally equally represented in the starters and leavers data when compared to the Trust profile, however there is a slightly higher proportion of males and people with no disability starting at the Trust. 56% of our starters in the last 12 months were from black and minority ethnic groups, compared to 37% of the staff profile. A significant proportion of leavers leave the Trust within 2 years of starting (42%), and within Additional Clinical Services staff group there is a much greater proportion than average (60%). The average (mean) length of service of all leavers is 5.2 years, with a median of 2.75 years.

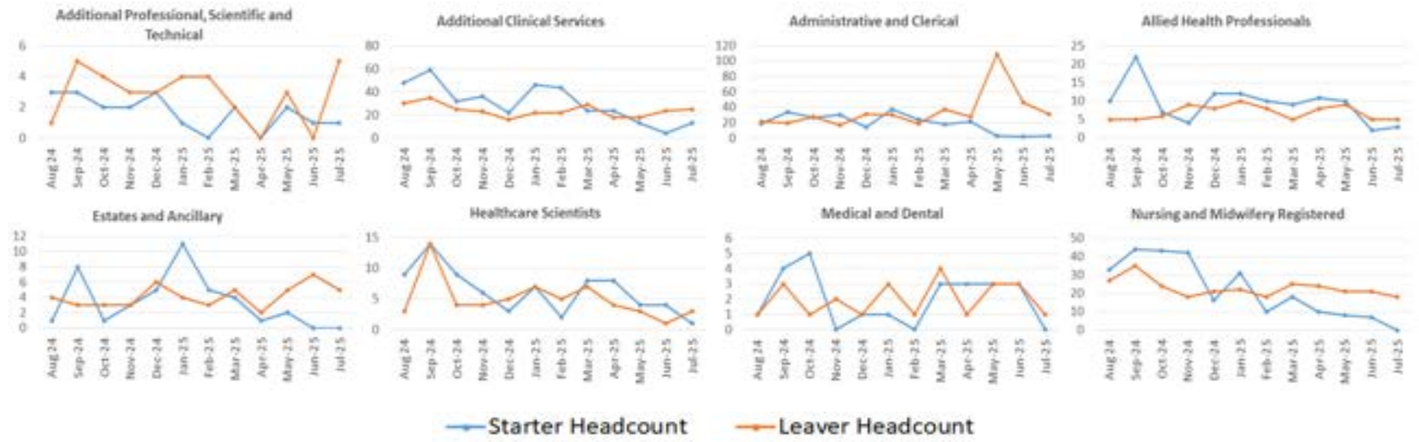
Excludes Fixed Term and Locum Medical and Dental staff, and staff leaving and returning to CUH (as bank only/retire and return etc.)

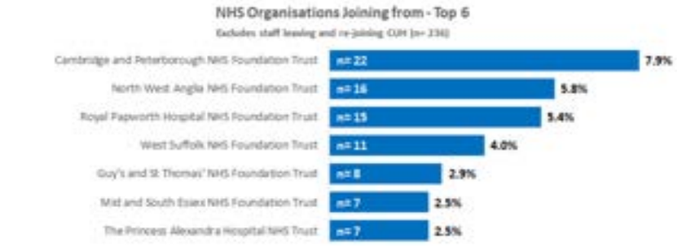
Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

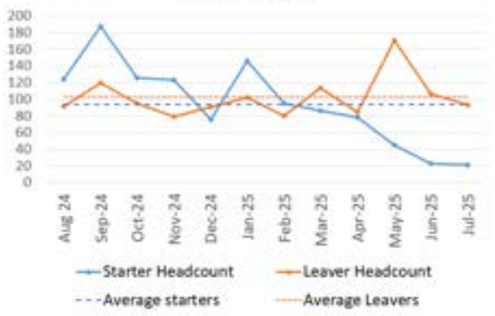
Starters & Leavers - Last 12 months

NHS Cambridge University Hospitals NHS Foundation Trust









Top 10 Leaving Reasons Excludes staff leaving and re-joining CUH (n= 86)	Number of Leavers (Headcount)	% of all Leavers
Voluntary Resignation - Relocation	286	23%
Voluntary Resignation - Work Life Balance	210	17%
Mutually Agreed Resignation - Local Scheme with Repayment	129	10%
Voluntary Resignation - Promotion	89	7%
Voluntary Resignation - Pay and Reward Related	82	7%
Retirement Age	69	6%
End of Fixed Term Contract	52	4%
Voluntary Resignation - To undertake further education or training	51	4%
Voluntary Resignation - Health	47	4%
Voluntary Resignation - Other/Not Known	39	3%

What the information tells us:
The top three reasons for leaving are Voluntary Resignation - due to relocation (23%), for work/life balance (17%) and through the Mutually Agreed Resignation scheme (10%). The top destination on leaving (other than unknown) over the last 12 months is to 'No Employment' (40% of leavers). The most popular external NHS organisation to join from was Cambridgeshire & Peterborough NHS Foundation Trust and Royal Papworth Hospital NHS Foundation Trust was the most popular to leave to.
In the month of July 2025 alone the most popular destination on leaving was to 'No Employment' (43% of leavers). A 10 further people left through the Mutually Agreed Resignation Scheme in July.

Excludes Fixed Term and Locum Medical and Dental staff, and staff leaving and returning to CUH (as bank only/retire and return etc.)

Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

Sickness Absence

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Background Information: Sickness Absence is a monthly or annual metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month/year.





What the information tells us:
Overall monthly sickness absence has increased by 0.1% from last month, to 4% in July 2025. This is 0.4% lower than in July last year. The sickness absence rate due to short term illness is 2.5%, with the long-term sickness rate at 1.5%. Additional Clinical Services staff group had the highest sickness absence rate in July at 5.8%, followed by Estates and Ancillary at 5.6%.
The 12-month rolling average sickness absence rate is now reported nationally across all NHS organisations. Unlike monthly figures, which can fluctuate due to seasonal or short-term factors, the rolling average smooths out volatility and highlights longer-term trends. This makes it more effective for identifying sustained changes in sickness absence patterns and supporting strategic workforce planning.

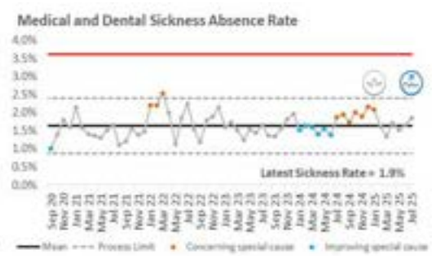
Monthly rates:



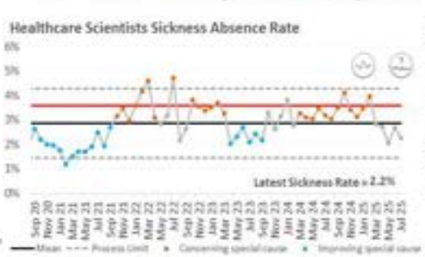




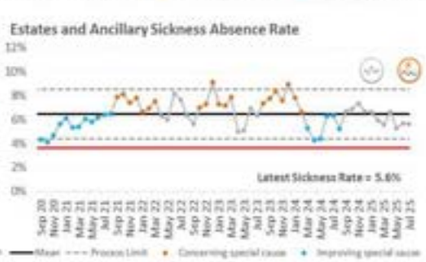


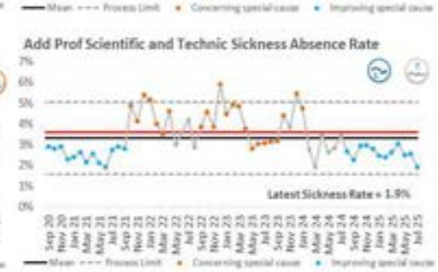








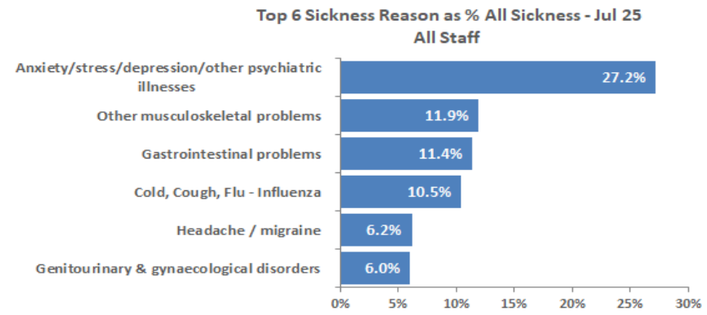




Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

Top Six Sickness Absence Reason

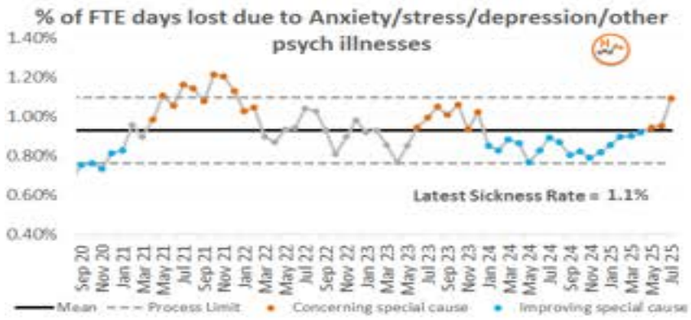
Cambridge University Hospitals NHS Foundation Trust

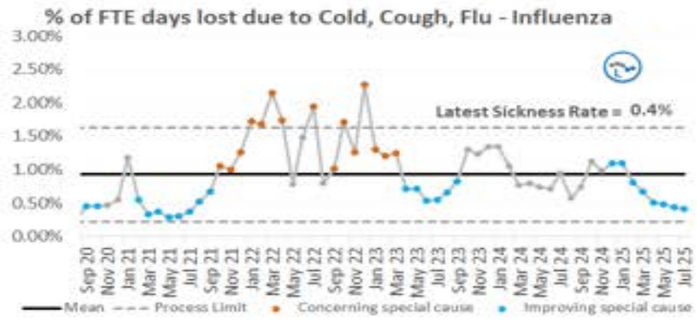


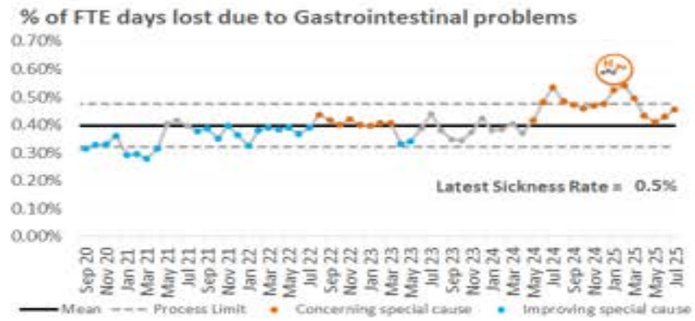
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

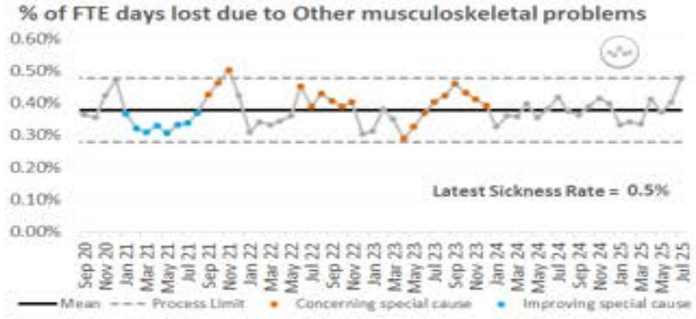
What the information tells us: The top reason for sickness absence in July 2025 was Anxiety/stress/depression/other psychiatric illnesses, with an absence rate of 1.1%. This is 0.1% higher than last month and 0.2% higher than July last year.

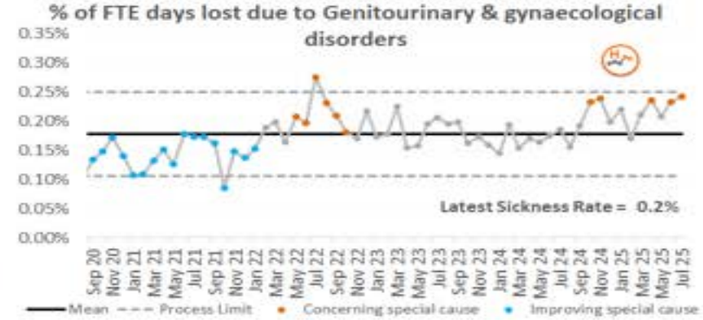
As a percentage of all sickness absence Anxiety/stress/depression/other psychiatric illnesses accounts for 27% of the overall figure.

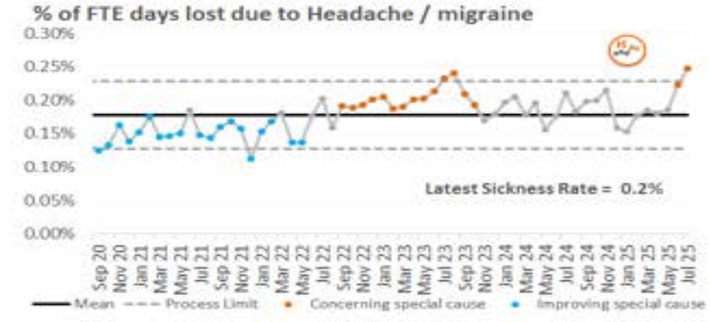








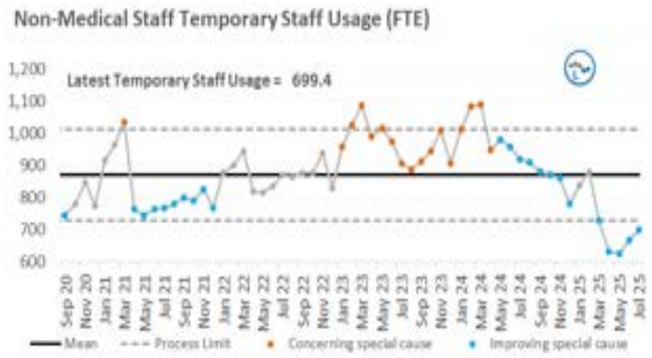


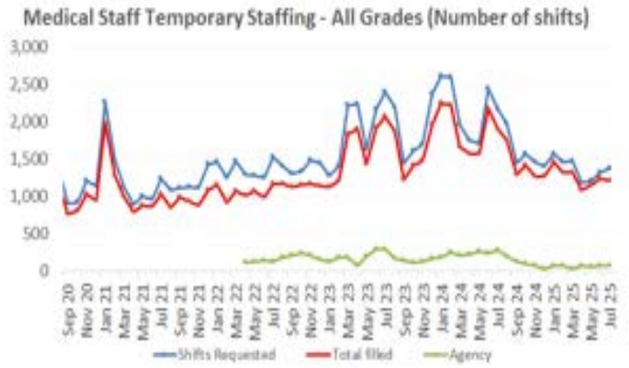


Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

Temporary Staffing

NHS
Cambridge University Hospitals
NHS Foundation Trust





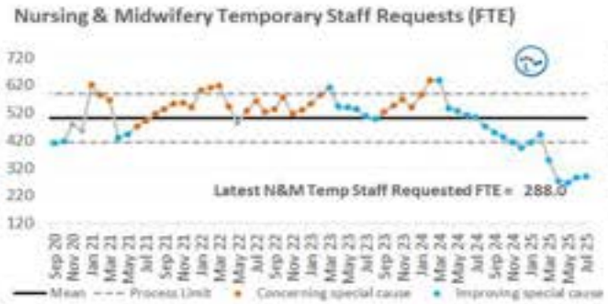
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

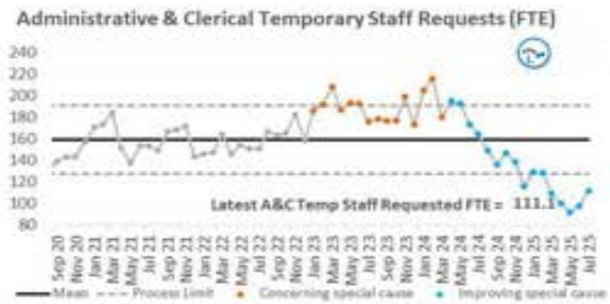
What the information tells us: Non-medical temporary staffing demand increased by 7.4% (57 WTE) from last month, with fill rates decreasing by 2.6% to 84.8%.

Top three reasons for request are vacancy (37%), sickness requiring cover (23%) and increased workload (18%). There was no nursing and midwifery agency usage in July.

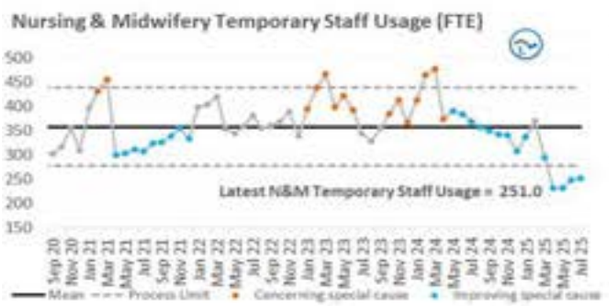
Medical demand increased by 4% from June to July, with a fill rate of 88% (5% agency, 83% bank). *The data for July includes some cover and unfilled duties for industrial action but still need to add all Consultants shift worked during IA - data not available until next month.*

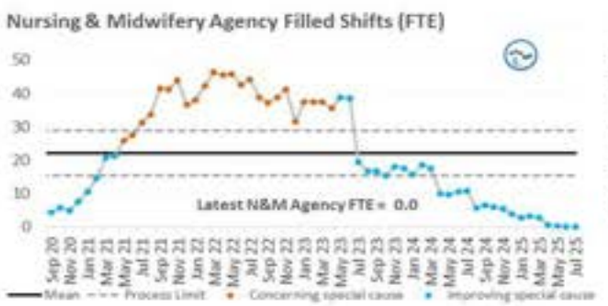


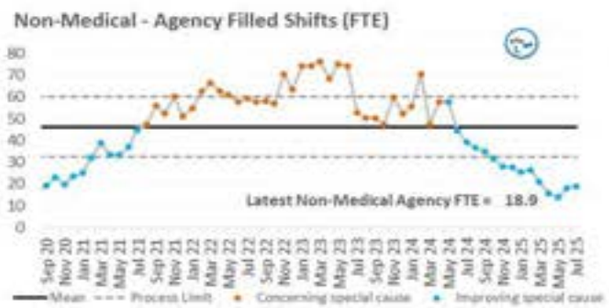










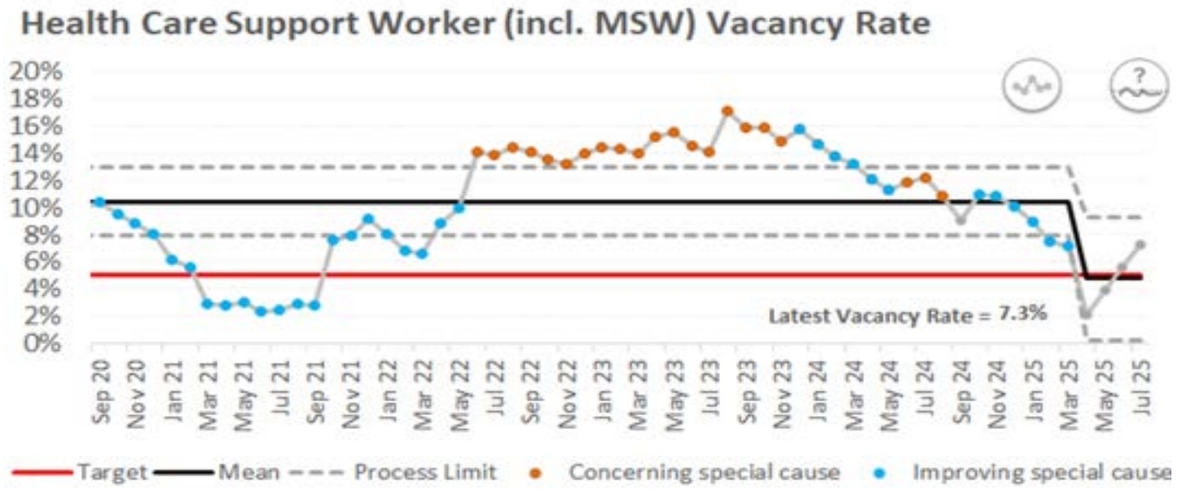




Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

ESR Vacancy Rate





Background Information: Vacancy rate provides vacancy information based on established posts within an organisation. The figures below relate to ESR data for clinical areas only and includes pay bands 2-4 for Health Care Support Workers and 5-7 for Nurses and Midwives.

What the information tells us:
Updated 2025/26 budgeted WTE data was loaded to ESR for Nursing and Midwifery and Health Care Support Workers in Clinical Divisions from April 2025. This is reconciled on a monthly basis to the budgets in the general ledger held by Finance.

Decreases in establishments from April 2025 have resulted in lower vacancy rates and the process limits on the charts have been reset.

In July the vacancy rate for Nursing and Midwifery increased by 0.3% to 4%, remaining under the Trust 5% target. The vacancy rate for Health Care Support Workers increased by 1.6% to 7.3% in July, exceeding the 5% target rate.

Mandatory Training by Division & Staff Group

NHS Cambridge University Hospitals NHS Foundation Trust

Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisation services They are designed to reduce organisational risks and comply with local or national policies and government guidelines. Training can be undertaken on-line or by attending a class-based session.

		No. Staff Requiring Competency	Frequency	Delivery Method	Variance from last month (percentage point)	Trust Total	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental		Nursing and Midwifery Registered
													Consultant	Non-Consultant	
Induction	Corporate Induction	1,580	one-off	f2f	0.2%	(34)96.4%	(1)92.3%	(10)96.8%	(10)95.1%	(2)97.5%	(1)97.1%	(0)100.0%	(5)90.4%	(140)75.7%	(10)95.9%
	Local Induction	1,580	one-off	f2f	1.9%	(285)82.0%	(2)84.6%	(70)77.7%	(30)85.4%	(12)85.2%	(9)74.3%	(5)91.5%	(12)76.9%	(97)83.2%	(48)80.4%
Other Core Mandatory	Conflict Resolution	12,815	3 yrs	el	0.1%	(293)97.7%	(3)98.0%	(34)98.4%	(36)98.6%	(10)98.7%	(9)97.6%	(7)99.0%	(30)96.4%	(66)91.1%	(74)98.2%
	Equality, Diversity and Human Rights	12,815	3 yrs	el	-0.1%	(368)97.1%	(9)96.4%	(38)98.3%	(47)98.1%	(10)98.7%	(13)96.6%	(11)98.5%	(38)95.4%	(98)90.1%	(104)97.5%
	Health, Safety and Welfare	12,815	3 yrs	el	0.1%	(377)97.1%	(7)97.2%	(39)98.2%	(52)97.9%	(13)98.4%	(12)96.9%	(9)98.8%	(30)96.4%	(112)88.7%	(103)97.5%
	Information Governance including GDPR and Cyber Security	12,815	1 yr	el	-0.7%	(934)92.7%	(12)95.2%	(161)92.6%	(128)95.0%	(37)95.3%	(35)90.8%	(28)96.5%	(62)92.6%	(214)78.4%	(261)93.7%
	Basic Prevent Awareness	10,762	3 yrs	el	0.0%	(429)96.0%	(6)97.5%	(65)96.8%	(52)97.9%	(21)97.1%	(13)96.6%	(15)97.9%	(44)92.8%	(116)83.6%	(97)96.6%
	Prevent Level Three (WRAP)	2,053	3 yrs	el	0.6%	(146)92.9%	(0)100.0%	(8)94.8%	(0)100.0%	(4)93.8%		(1)94.4%	(6)97.3%	(58)79.6%	(69)94.7%
Resuscitation	Adult Basic Life Support Practical - 1 Year	419	1 yr	f2f	1.1%	(67)84.0%		(20)81.3%		(0)100.0%					(47)84.7%
	Adult Basic Life Support Practical - 2 Year	8,257	4 yrs	f2f	-0.5%	(811)90.2%	(4)89.5%	(170)89.4%	(8)78.4%	(33)95.8%	(0)100.0%	(8)94.2%	(92)88.9%	(300)69.7%	(196)94.9%
	Advanced Life Support	28	4 yrs	f2f	-1.1%	(2)92.9%				(0)100.0%				(0)100.0%	(2)92.3%
	Advanced Paediatric Life Support	83	2 yrs	f2f	-5.4%	(30)63.9%									(30)63.9%
	Basic Life Support e-learning	8,675	1 yr	el	0.0%	(966)88.9%	(4)89.5%	(158)90.8%	(11)70.3%	(53)93.3%	(0)100.0%	(11)92.0%	(69)91.7%	(300)69.7%	(360)91.3%
	Immediate Life Support (ILS)	897	1 yr	f2f	-9.9%	(266)70.3%		(1)85.7%				(7)75.9%		(0)100.0%	(258)70.0%
	Newborn Basic Life Support (NBLS)	584	1 yr	Blended	0.5%	(106)81.8%		(13)84.5%	(0)100.0%	(1)0.0%			(4)77.8%	(6)83.8%	(82)81.5%
	Paediatric Basic Life Support (PBLS)	2,839	1 yr	Blended	0.0%	(268)90.6%	(1)90.0%	(58)91.3%		(43)94.5%		(6)93.8%	(13)89.8%	(38)72.3%	(109)89.3%
	Paediatric Immediate Life Support (PILS)	352	1 yr	f2f	0.9%	(76)78.4%									(76)78.4%
Fire	Fire Evacuation	6,669	1 yr	f2f/el	0.2%	(819)87.7%	(0)100.0%	(228)86.7%	(6)80.6%	(50)92.0%	(51)46.9%	(3)95.2%			(481)88.4%
	Fire Safety Awareness	12,815	2 yrs	el	-0.3%	(610)95.2%	(13)94.8%	(69)96.8%	(97)96.1%	(19)97.6%	(19)95.0%	(14)98.1%	(40)95.2%	(162)83.7%	(177)95.7%
Infect Ctrl	Infection Prevention and Control - Level 1 - 2 Years	6,366	2 yrs	el	-0.6%	(290)95.4%	(2)97.6%	(27)97.0%	(84)96.5%	(2)99.1%	(17)95.4%	(14)97.8%	(3)85.9%	(103)84.5%	(38)96.1%
	Infection Prevention and Control - Level 2 - 2 Years	6,449	2 yrs	el	0.2%	(306)95.3%	(7)95.7%	(46)98.4%	(6)91.9%	(19)96.7%	(0)100.0%	(1)98.8%	(40)94.7%	(52)84.1%	(135)95.7%
Moving & Handling	Moving and Handling - Level 1	12,815	2 yrs	el	-0.1%	(700)94.5%	(11)95.6%	(96)95.6%	(98)96.1%	(32)96.0%	(4)88.9%	(14)98.1%	(48)94.2%	(175)82.3%	(222)94.6%
	Moving and Handling - Level 2	6,645	2 yrs	f2f	0.4%	(767)88.5%	(3)82.4%	(218)87.1%	(4)69.2%	(70)89.9%	(0)100.0%	(15)86.0%			(457)88.9%
	Patient Moving and Handling - e-learning	6,647	1 yr	el	0.4%	(474)92.9%	(2)88.9%	(134)92.1%	(3)76.9%	(32)95.4%	(0)100.0%	(8)92.5%			(295)92.9%
Safeg'dg Adults	Safeguarding Adults - Level 1	8,490	3 yrs	el	0.1%	(361)95.7%	(8)96.6%	(56)97.4%	(57)97.7%	(5)96.2%	(18)93.3%	(14)98.1%	(4)84.1%	(107)37.1%	(92)95.6%
	Safeguarding Adults - Level 2	4,727	3 yrs	el	0.9%	(328)93.1%	(9)95.5%	(63)96.4%	(10)93.1%	(8)93.8%	(0)100.0%	(6)96.0%	(7)89.7%	(119)30.0%	(106)94.9%
	Safeguarding Adults - Level 3	4,459	3 yrs	el	0.9%	(539)87.9%	(0)100.0%	(1)88.9%	(0)100.0%	(38)94.3%		(0)100.0%	(36)95.3%	(256)72.9%	(208)89.9%
Safeg'dg Children	Safeguarding Children - Level 1	12,815	3 yrs	el	0.3%	(507)96.0%	(9)96.4%	(48)97.8%	(65)97.4%	(14)98.2%	(15)96.1%	(12)98.4%	(38)95.4%	(149)85.0%	(157)96.2%
	Safeguarding Children - Level 2	9,028	3 yrs	el	0.7%	(522)94.2%	(11)94.7%	(59)96.7%	(11)92.0%	(20)97.4%	(0)100.0%	(3)98.0%	(40)95.2%	(160)83.9%	(218)94.7%
	Safeguarding Children - Level 3	1,608	3 yrs	f2f/el	0.7%	(157)90.2%	(0)100.0%	(3)96.1%	(1)90.9%	(12)84.8%		(1)95.0%	(12)94.3%	(40)79.1%	(88)91.3%
	Safeguarding Children - Level 3 - 1 Year	389	1 yr	f2f/el	-0.4%	(116)70.2%		(17)75.7%		(2)60.0%			(3)76.9%	(18)40.7%	(78)71.5%
	Overall Compliance				0.0%	93.7%	95.9%	94.7%	97.0%	95.9%	94.7%	97.5%	94.2%	80.3%	93.6%

Education - Student Capacity

NHS Cambridge University Hospitals NHS Foundation Trust

CUH Workforce Commitment: Ambition - Education, Learning and Development Strategy Themes - Student Placements & our work with school & college students

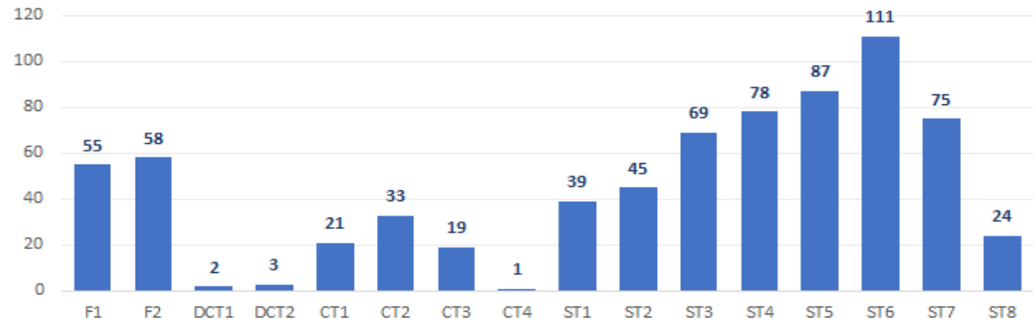
CUH is a teaching hospital for: • Medical students from the University of Cambridge • Undergraduate students and apprentices in areas including Nursing, Midwifery, Science and Allied Health Professions, from a number of partner Higher Education providers.
CUH is also committed to working with schools and colleges to help their students consider future career choices and access to career insight and work experience; this supports a focus on a future sustainable workforce supply and as part of CUH's corporate social responsibility to our local community.

Our role as a teaching hospital

Typical student numbers per year

Staff Group	Type	Capacity
Medical	Undergraduate	454
	Postgraduate	720 resident doctors*
		320 LED**
Medical Total		**1,494**
Nursing & Midwifery	Nursing - Adult	293
	Nursing - Children	70
	Midwifery	78
Nursing & Midwifery Total		**441**
Allied Health Professionals	Diagnostic radiography	95
	Therapeutic radiography	13
	Dietician	13
	Music therapy	2
	Occupational therapy	38
	OOP	8
	Physiotherapy	108
	Speech and Language	32
Allied Health Professionals Total		**309**
Scientific & Technical		**65**
Grand Total		**2,309**

Postgraduate Medical Trainees by Grade



***** Resident doctors are qualified doctors in clinical training. They are non-consultant grades and may be anywhere between FY1 and ST8 in terms of post-graduate training. CUH currently has 720 resident doctors in nationally recognised training posts, across 61 separate training programmes.
****** Locally Employed Doctors (LEDs) are often more junior doctors on fixed-term contracts who are "training" but not in a formally recognised training post. Many of these are International Medical Graduates (IMGs).

Summary of School/College Insight, Work Shadowing, Work Experience and Outreach work April & May 2025

T-Levels/Insight
- No insight programme and no T-level students in July 2025

Work Experience/Shadowing:
- 84 students engaged in a range of placements in specialist areas across the Trust

Education - Apprentices, CPD & Leadership Development

NHS Cambridge University Hospitals NHS Foundation Trust

CUH Workforce Commitment: Ambition: Education, Learning & Development Strategy theme - Continuous Development

Current apprenticeships in place

Programme		Number of places
	Career Progression Apprenticeships	**389**
of which are:		
Nursing	Registered Nursing Degree Apprenticeships	191
	Nursing Associate Pathway	81
	MSc Advanced Clinical Practice	0
	Support Worker L3	1
	Nursing Total	**273**
Allied Health Professionals	Diagnostic radiography	4
	Therapeutic radiography	6
	Dietician	3
	Mammography	3
	Occupational therapy	7
	ODP	25
	Physiotherapy	9
	Speech and language	2
	AHP Total	**59**
Pharmacy	**Pharmacy Total**	**11**
Scientific & Technical	Levels 2-4	15
	Levels 5-7	27
	Sci & Tech Total	**42**
Other Clinical	**Other Clinical Total**	**4**
	CPD Apprenticeships in role	**48**
Grand Total		**437**

Apprenticeship Levy contributions, commitments and spend

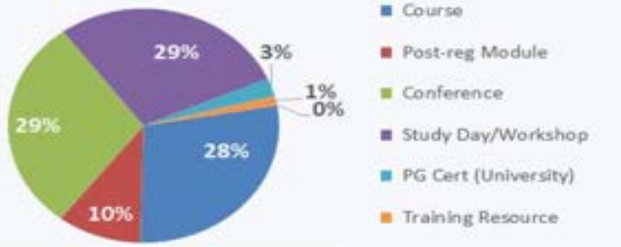
Financial Year	CUH £ Levy Contribution to date	£ Committed Spend to date	In year % Spend	In years committed transferred levy funds
2024/25	£3,667,820	£3,704,473	80%	£78,013
2025/26 to date	£1,232,062	£938,686	77%	£38,855
Levy funds	£6,302,614			

Apprenticeships in place as at July 2025: The total number of staff undertaking apprenticeships has reduced to 437 from 503 since March 25. This is due to staff completing apprenticeships in this period. There will be an ongoing reduction in numbers of nursing apprenticeships due to the four year degree programme reducing and being replaced by a two year nursing associate programme. This will also, over time, impact on CUH levy spend as the cost of the education programme is less.

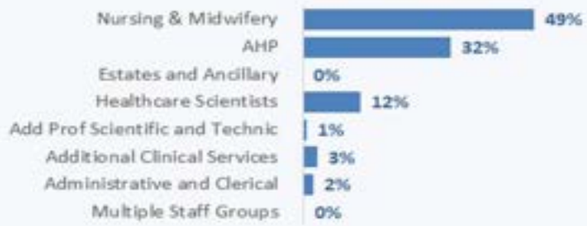
Apprenticeship Levy contributions and spend: The data for 2024/25 is retained in the report to show CUH's levy contributions and commitments in that year to be able to compare throughout 2025/2026. Levy transfers are planned for September 2025.

Monthly CPD Expenditure: A summary of CPD funding, types supported and allocations by staff groups (non-medical)

CPD Allocation by Course/Resource - 2025/26 to date



CPD Allocation by Profession - 2025/26 to date



Funding Stream	Budget	Allocated
NHSE	£1,842,796	£183,867
Trust	£400,000	£50,237
Total	**£2,242,796**	**£234,104**

NHSE funding has increased from £1.42m to £1.54m based on increased headcount. The NHSE CPD underspend of £298k was rolled over into 2025/26; total budget of £1.84m for 2025/26. NHSE funding applies to nursing, midwifery and AHP staff only.
CUH CPD funding is currently provided for all other staff groups (non-medical). This is typically £400k; with initial permitted spend of £150k.

Our role to develop our managers and leaders

Programme	Jul-25		Comments
	Placement Allocations	Places Occupied	
Essentials Management & Leadership Excellence (EMLE) new managers	40	21	18 cancelled in advance; 6 DNAs on the day
EMLE existing managers	0	0	Cohorts resume autumn 2025
Consultants programme	TBC	TBC	Programme review and redesign planned for autumn 2025
Aspiring managers programme (AMLP)	20	21	Cohort 2 ran with an extra participant. Cohort 3 planned for October

Postgraduate Medical Centre - 2025/26 commitment

Programme	Placement Allocations	Dates
Learning to lead	25	May-Dec 25
Preparing for the consultant role	28	Oct-25

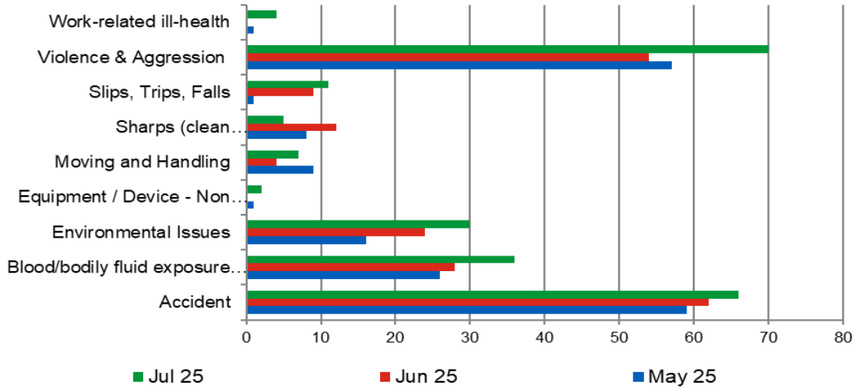
Further information:
CUH continues to roll out its new Essentials for Management and Leadership Excellence (EMLE) programme for all new and existing managers at CUH. Also included is the summary of the Consultants Programme for those new to role, and the Aspiring Managers programme. The PGME's Learning to Lead and the Preparing for the Consultant role programmes demonstrates the range of leadership opportunities for all staff groups.

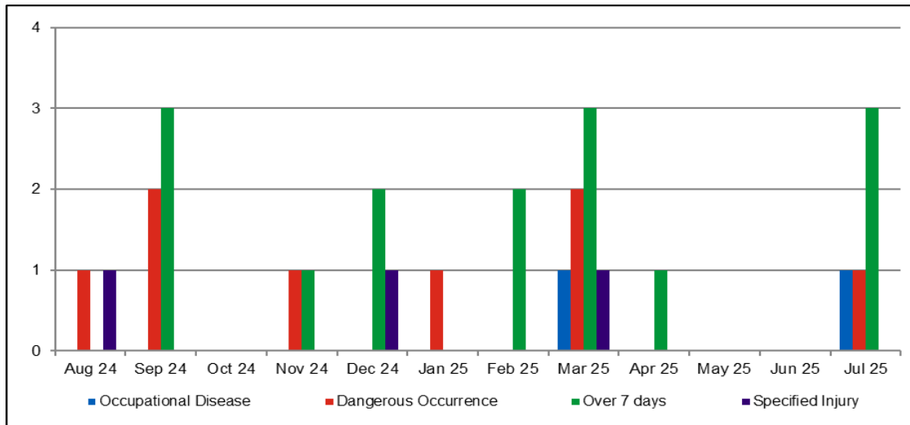
Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	Estates
No. of health and safety incidents reported in a rolling 12 month period:	**2069**	550	336	459	293	235	59	137
Accident	**611**	176	113	116	85	64	11	46
Blood/bodily fluid exposure (dirty sharps/splashes)	**335**	114	48	64	44	52	10	3
Environmental Issues	**179**	26	37	7	28	32	4	45
Equipment / Device - Non Medical	**8**	6	0	1	1	0	0	0
Moving and Handling	**79**	30	11	13	11	8	3	3
Sharps (clean sharps/incorrect disposal & use)	**94**	27	18	12	12	20	5	0
Slips, Trips, Falls	**94**	12	21	13	7	14	6	21
Violence & Aggression	**635**	151	77	229	102	39	19	18
Work-related ill-health	**34**	8	11	4	3	6	1	1





A total of 2,069 health and safety incidents were reported in the previous 12 months.
973 (47%) incidents resulted in harm.
The highest reporting categories were violence and aggression (31%), accident (30%) and blood/bodily fluid exposure (16%).
1,412 (68%) of incidents affected staff, 592 (29%) affected patients and 65 (3%) affected others ie contractors and members of the public.
The highest reported incident categories for staff were: violence and aggression (36%), blood/bodily fluid exposure (22%) and accidents (19%).
The highest reported incident categories for patients were: accidents (58%), violence and aggression (18%) and environmental issues (9%).
The highest reported incident categories for others were: slips, trips and falls (45%), environmental issues (29%) and violence and aggression (26%).
Staff incident rate is 10.3 per 100 members of staff (by headcount) over a rolling 12 month period.
The highest reporting division was division A with 550 incidents. Of these, 32% related to accidents.
In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (54%).
In the last 12 months, 79% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

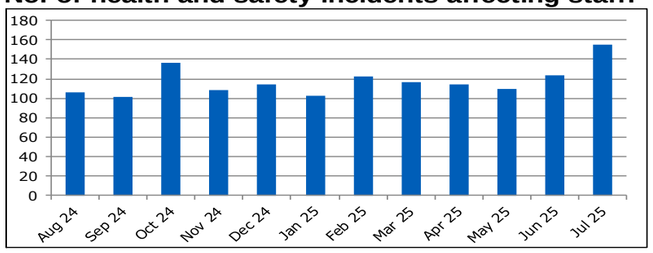
In July 2025, five incidents were reported to the HSE:
Over 7 day injury (3)
•A staff member was supporting a patient to sit in a chair. The patient suddenly became agitated and squeezed the staff members hand and twisted their wrist.
•A staff member was walking away from a patients bedside and consulting paperwork in their hand. The staff member slipped and fell on their left side onto their thumb sustaining a rupture of their ulnar collateral ligament. The floor was reported as being wet.
•A staff member was transferring equipment and surgical sets using a trolley. The staff member reports pushing the trolley on a slope and experiencing severe pain in their right knee.
Occupational disease (1)
•A staff member was diagnosed with occupational dermatitis by a registered medical practitioner. The staff member works in a laboratory environment.
Dangerous occurrence (1)
•A staff member was emptying an injection tray and caught their index finger on a used needle. The staff member was wearing gloves. The patient was Hep B positive.

Author(s): Helen Murphy **Owner(s): David Wherrett**

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

No. of health and safety incidents affecting staff:

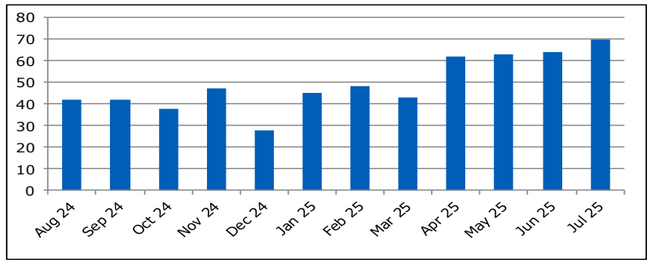


STAFF	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Total
Accident	25	24	27	23	17	19	24	19	16	23	20	28	**265**
Blood / bodily fluid exposure (dirty sharps / splashes)	19	30	27	27	24	25	27	23	27	23	27	32	**311**
Environmental Issues	7	5	12	10	4	7	8	3	4	12	16	18	**106**
Moving and handling	7	1	2	6	3	5	4	5	3	7	1	3	**47**
Sharps (clean sharps / incorrect disposal & use)	3	7	7	5	8	6	5	5	6	5	8	5	**70**
Slips, trips, falls	10	3	7	5	4	5	5	5	4	1	7	9	**65**
Violence & Aggression	33	29	50	31	51	34	46	53	48	38	45	56	**514**
Work-related ill-health	2	2	5	2	3	2	3	4	6	1	0	4	**34**
Total	**106**	**101**	**137**	**109**	**114**	**103**	**122**	**117**	**114**	**110**	**124**	**155**	**1412**

Staff incident rate per 100 members of staff (by headcount):

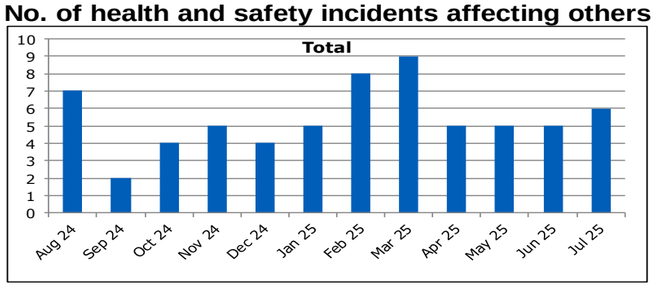
	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Total
lo. of health & safety incidents	106	101	137	109	114	103	122	117	114	110	124	155	1412
taff incident rate per month/ year	0.8	0.7	1.0	0.8	0.8	0.7	0.9	0.9	0.8	0.8	0.9	1.1	10.28

No. of health and safety incidents affecting patients:



PATIENT	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Total
Accident	31	26	24	21	14	29	27	23	35	36	42	38	**346**
Blood / bodily fluid exposure (dirty sharps / splashes)	2	3	1	2	0	1	3	2	2	3	1	4	**24**
Environmental Issues	2	3	3	7	1	4	4	4	6	3	7	10	**54**
Equipment / Device - Non Medical	1	0	2	0	0	1	1	0	0	1	0	2	**8**
Moving and handling	0	2	4	4	2	1	2	4	4	2	3	4	**32**
Sharps (clean sharps / incorrect disposal & use)	2	1	2	1	2	3	0	4	2	3	4	0	**24**
Violence & Aggression	4	7	2	12	9	6	11	6	13	15	7	12	**104**
Total	**42**	**42**	**38**	**47**	**28**	**45**	**48**	**43**	**62**	**63**	**64**	**70**	**592**

No. of health and safety incidents affecting others ie visitors, contractors and members of the public:



OTHER	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Total
Environmental Issues	1	0	1	3	1	2	1	4	2	1	1	2	**19**
Slips, trips, falls	3	2	2	1	2	1	7	5	2	0	2	2	**29**
Violence & Aggression	3	0	1	1	1	2	0	0	1	4	2	2	**17**
Total	**7**	**2**	**4**	**5**	**4**	**5**	**8**	**9**	**5**	**5**	**5**	**6**	**65**

Council of Governors

NHS
Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Council of Governors: 25 September 2025

Agenda item	10
Title	Report from the Lead Governor
Sponsoring executive director	n/a
Author(s)	Neil Stutchbury, Lead Governor of the Council of Governors
Purpose	To summarise the activities of the Council of Governors, highlight matters of concern and note successes.
Previously considered by	n/a

Executive Summary

The report summarises the activities of the Council of Governors.

Related Trust objectives	All
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal and regulatory implications?	n/a

Action required by the Council of Governors

The Council of Governors is asked to note this report.

Cambridge University Hospitals NHS Foundation Trust

25 September 2025

Council of Governors
Report from the Council of Governors
Neil Stutchbury, Lead Governor

1. Recent Governor meetings

1.1 The **Council of Governors** met on 25 June. The Council met in private initially to approve a recommendation by the chair to appoint James Morrow as deputy chair and to approve recommendations from the Trust Constitution Committee: to enable volunteers to be members of the public or patient constituencies; removal of the partnership governor positions for the Cambridgeshire and Peterborough ICB and the lead authority for public health; and to increase the maximum number of NEDs on the board from nine to ten (to maintain a majority of NEDs over execs). In the public meeting, Roland Sinker gave an overview of trust performance. Key points included: improvements in ED wait times, focus on reducing long waiters, progress in achieving savings and productivity targets, and new uses of digital technology to streamline patient flow. Governors asked questions about the investigation into harm by a paediatric orthopaedic consultant, CUH's approach to treating private patients, and the benefits/implications of artificial intelligence in healthcare.

1.2 The Council of Governors **Strategy Group** met on 15 July, where Jude Simpson gave an update on the strategy refresh and the engagement to date with staff and members of the public.

1.3 The **Membership and Engagement Strategy Group** met on 15 July and reviewed its terms of reference and received an update on community engagement from Angie Ridley, head of Patient and Public Involvement.

1.4 The governors met Non-Executive Directors (NEDs) and the Chair at the **Governor/NED quarterly** meeting on 23 July. Following feedback from governors and NEDs we decided to use virtual breakout rooms to discuss topics in smaller groups. Each group discussed three topics, taken from themes in the 10-year plan: From hospital to community, workforce of the future; and digitally-enabled healthcare. After coming back together, facilitators fed back the main points and there was a short open discussion, summarized by the chair and the lead governor. We have reviewed the format and we received positive feedback from governors and NEDs, so we will try the same format again for the next meeting on 21 October 2025.

1.5 Governors met in their **Forum** meeting on 2 September. The discussion was largely around the statement in the 10-year plan that foundation trust

hospitals could choose whether or not to continue with the current governance model or move to a "more dynamic model" of engaging with patients and members or the public[1]. I passed on Sally Morgan's assurance that this issue is not currently a priority for the hospital at the moment, and in any event, legislation will have to be passed before governors can be abolished. The lead governor is hoping this will assure governors considering nominating themselves as lead or deputy lead governor in the upcoming elections (see below).

1.6 We had two interesting presentations on the current digital/AI strategy at a **Governor Seminar** on 16 September. Ari Ercole, Chief Clinical Information Officer gave an interesting presentation on ambient voice technology and AI, then Hannah Armand, Associate Director of Informatics, Epic and Information Management, gave a presentation on MyChart developments, including patient self-scheduling and integration with the NHS App.

2. Upcoming Governor meetings

2.1 The next three months' meetings are as follows:

- Council of Governors: 25 September 2025
- CoG Strategy Group: 14 October 2025
- Governor/NED Quarterly: 21 October 2025
- Governor Nomination and Remuneration Committee: 24 November 2025
- CoG Strategy Group: 9 December 2025
- Council of Governors: 17 December 2025

3. Other governor activities

3.1 The Governors' Nomination and Remuneration Committee worked with Saxton Bampfylde to identify a new NED to replace Annette Doherty, following her resignation to take up her second trust chair role with East Kent Hospitals University NHS Foundation Trust. As a result of Ian Jacobs resignation, we have just one medically qualified NED, so we searched for an individual with clinical experience. A recommendation to appoint Ros Smyth was made to the Council of Governors on 18 July and was approved. She started on 8 September.

3.2 Neil Stutchbury completes his four-year term as lead governor at the end of September and Jane Biddle ends her second term as deputy lead governor at the end of November. A message to patient and public governors, who are eligible to stand as lead governor, has been sent out this month to invite people to stand. If the position is contested, an election process will be held.

[1] Fit for the future: 10 year health plan for England, NHSE, 20205

3.3 On 9 September the government published a new oversight model and performance league tables for acute, non-acute and ambulance trusts. This places CUH 70th (out of 134) in the acute league table and have been allocated “segment 3”. Trusts in segment 3 “have lower performance” and “are encouraged to learn from top performers”. Governors want to be able to understand the reasons for this ranking as patients and members of the public to whom we have spoken, have expressed surprise that we are not ranked higher. We have a question on this topic for this Council of Governors meeting.

4. Recommendation

4.1 The Council of Governors is asked to note this report.